

# THE MEDICAL AND SURGICAL REPORTER.

No. 1510.]

PHILADELPHIA, FEBRUARY 6, 1886. [Vol. LIV.—No. 6.]

## ORIGINAL DEPARTMENT.

### LECTURE.

#### THE TREATMENT OF VOMITING.

A CLINICAL LECTURE BY DR. DUJARDIN-  
BEAUMETZ,  
Of Paris, France.  
(Concluded.)

You may also make trials of Lasegne's remedy, who was in the habit of ordering in these cases tincture of iodine in the dose of from five to ten drops in a little sweetened water. In a recent thesis, Dr. Olli has shown that this remedy may be beneficially tried in all forms of dyspepsias with vomiting. In England they employ creasote, which, since the labors of Bouchard and Gemberd, has been very much given in pulmonary complaints, and may be administered in wine or in capsules mixed with oil. It is a medicine which may be sometimes advantageously tried.

You may also have recourse to a measure which has given me some success, and which has been recommended by Lublesky, of Varsovia. This physician, who had previously published several memoirs on pulverizations of ether, and shown the advantages which might be derived therefrom in chronic affections, has conclusively shown that the same method may give good service in vomiting from whatever cause. With a hand atomizer, like that of Richardson, for instance, you can spray the region of the stomach with ether for three or four minutes, and then make the patient eat a little food.

In the case of one of my patients who had almost incessant emesis, I obtained by this means a notable diminution in the number

of vomitings. These pulverizations are attended with no inconvenience. Certain Spanish physicians, and in particular Guleran and Rodrigues Mendez, have employed these sprays with success.

There is another simple expedient advised by Gros, namely, tobacco smoking. Having remarked that one of his lady patients, who was pregnant and suffered from incoercible vomitings, experienced marked relief when in a room that was full of tobacco smoke, the idea suggested itself to him of recommending this patient to smoke; she did so, and her vomiting entirely ceased.

Make use, then, of all the means that I have indicated; add injections of morphine, lavements of chloral, inhalations of oxygen, which Hayem considers as one of the best remedies in dyspepsia with vomiting, and which Penard has applied to the treatment of the vomiting of pregnancy; resort also to "gavage." Sometimes you will attain your end, at others you will fail, and you will then be obliged to have recourse to dilatations of the neck of the womb, suggested recently, or to premature delivery, which obstetricians have unanimously consented to employ if medicinal means fail.

By the side of these vomitings of pregnancy, I must place those which hysteria determines, and which, like the preceding, are characterized by a persistency which often defies all therapeutic means.

*Apropos* of these hysterical vomitings, I must make a distinction. In certain neuropathic patients you will see supervene veritable crises of vomiting, and of gastralgia, and for months the patient will tolerate hardly any food; then the gastric form disappears, to give place to other nervous trou-

bles. Nothing in the examination of the patient will reveal to you the cause of these vomitings. The uterine functions are well performed, the urine is abundant and voided without difficulty, and one can invoke in explanation of these disorders only the nervous state to whose influence the patient is subjected; this is the so-called nervous vomiting, to which I shall have occasion again to return when I come to the treatment of hysteria.

Against these vomitings, which belong to the groups of affections which Huchard has very happily characterized by the name of gastric hysteria, you can employ two orders of remedies which have given me excellent results, namely "gavage" (or forced feeding) and electricity.

It is especially in hysterical patients affected with spasmodic troubles of the pharynx and œsophagus, that the method of "gavage" succeeds; and a patient who is in the habit of vomiting all her food immediately after its ingestion, finds that these vomitings cease when the food is introduced by the stomach-tube. You may employ as a nutrient the meat-powder and milk before spoken of; you can also precede each "gavage" by a lavage. I have by this method obtained results which were truly marvelous, such as Charcot and Geoffroy have also obtained. But in other cases this method becomes insufficient, and notwithstanding the gavage the patient vomits still; it is then that recourse should be had to electricity.

It is to Apostoli that we are indebted for the rules of the electrical treatment of vomiting, and you have often seen him in my hospital apply his method with success. This method consists in the positive polar galvanization of the right pneumogastric. The positive electrode is placed just outside of the inner extremity of the clavicle, in the point marked by the depression caused by the interval between the two inferior fasciculated origins of the sterno-mastoid muscle; this electrode, which is moistened, should be of small dimensions; the negative electrode is held in the hand of the patient. The battery which is used is that of Gaiffe, with "collector," and the quantity of electricity employed varies between ten and twenty milliamperes. As for the duration of the séance, it is very variable, and one ought not to cease the application of the electricity till the patients find their sensations of spasm and vomiting gone.

You may also employ direct electrization of the stomach with the apparatus of Bordet. You will follow here the same procedure as

that which I described to you in a previous chapter under the head of dilatation of the stomach; only it is the positive pole which must be placed inside of the stomach, the negative electrode being applied over the walls of the abdomen. Moreover, it is the constant current which you will use, and not the interrupted. To forced feeding and to electricity you may join the use of prolonged baths, which sometimes succeed, as Ferrand and Douchez have shown. The duration of these baths is from three to eight hours, and the temperature from 68° to 82° F.

In other cases, vomiting in the hysterical is symptomatic of another pathological condition; the urine is not secreted, and this hysterical anuria, which Charcot has mentioned, and of which Fernet, Juventine, and Seconet have given examples, is accompanied with more or less abundant vomitings, in which urea in variable quantity is found. These vomitings resemble those of urinous dyspepsia. The latter is, in fact, almost always a dyspepsia with vomiting, and it results from a damaged state of the kidneys. As soon as these glands cease to perform their functions, the urea and excrementitious matters of the urine, retained in the blood, seek elimination by the intestines or by the stomach. The patient urinates, as it is said, by his stomach, and this it is which explains the frequency of the vomitings which accompany the nephritis, and in particular interstitial nephritis. The treatment ought here, of course, to be different; we are not so much concerned with combating the vomiting as in restoring the secretion of the kidneys by the exhibition of suitable diuretics, and when medical means fail, you will find yourselves powerless to arrest these vomitings, which supply the place of a function which is no longer performed.

In patients affected with urinary complaints, who incompletely empty their bladder, you will often see attacks of vomiting supervene, and it is one of the most common signs of the digestive trouble which afflicts this class of invalids. These vomitings are of a very persistent character, are often even provoked and augmented by all attempts to interfere with or control them, becoming absolutely incoercible.

In pulmonary affections, vomiting is an incident which is sometimes followed by grave consequences by preventing alimentation. This is what happens in young children, in whom the mechanical act of vomiting is so easy. The convulsive cough of pertussis provokes vomiting, which if the paroxysms are very frequent, may be so

numerous that alimentation can no longer go on; the patient wastes away, and may succumb to an intercurrent disease, facilitated by the gradual debilitation. This condition in pertussoid patients demands careful attention. The little patient must be fed regularly, in small quantities, and is sometimes benefited by sips of strong coffee, cognac, or some other alcoholic stimulant which promotes digestion; foods should be given which are rapidly and easily digested.

Phthisis in the first stage gives rise to vomitings which are more or less frequent. In his thesis, Dr. Varda, of Smyrna, one of my pupils, has shown that these vomitings are due to several causes, the principal of which are the dyspepsias, the intensity of the cough, compression of the pneumogastric nerve, etc.

But whatever may be the instigating cause of gastric troubles in the phthisical, they are tributary to one and the same medication, namely, to "gavage." In fact, by a circumstance the physiological explanation of which is lacking, while foods introduced by the mouth are vomited, those which are conveyed to the stomach by the flexible tube are well tolerated; and when I come to speak of the treatment of phthisis, I will show you all the benefits which you may derive from Debove's method.

As to vomitings due to cerebral affections, if from a clinical point of view they present a great importance, they have little interest therapeutically, unless from the fact that there is so little that can be done to relieve them.

Finally, gentlemen, do not forget that there are certain obstinate vomitings which may be cured by the simple application of a truss; this is the case with vomitings caused by certain hernias, either of the stomach or omentum, and which sometimes protrude through the linea alba over the gastric region, and may become irreducible.

Such, gentlemen, are the considerations which I desire to present respecting the therapeutics of vomiting. I have dwelt especially on certain aspects which you will be most often called upon to treat.

—The two chief Russian medical weeklies, the *Vratch* and the *Russkaya Meditsina*, just received, present their readers with pictures of a large stone "Memorial" which has been erected to the memory of 531 medical officers who fell in the war with Turkey during 1877-78. The site of the monument is the Alexander Place, Sophia. It is stated that a similar erection is contemplated in the Caucasus.

## COMMUNICATIONS.

### THE DIAGNOSIS BY AUSCULTATION OF PERICARDIAL FRICTION MURMURS.

BY E. T. BRUEN, M. D.,

Assistant Professor of Physical Diagnosis, University of Pennsylvania; one of the Attending Physicians to the Philadelphia Hospital.

The differential diagnosis of pericardial murmurs by means of auscultation is often a problem of the greatest intricacy, owing to the failure to recognize certain laws which pertain to the foundation of the auscultation of cardiac sounds and murmurs. In studying any case of possible pericarditis with equivocal murmurs, it is always helpful to decide whether the etiological relations in a case favor the presence of pericarditis. This condition is rarely, if ever, present as a primary process, but it is frequently consecutive upon rheumatism or with alterations of the blood-tissue, such as exist in renal processes, pyæmia, or it is secondary to acute or chronic inflammations in adjacent structures, such as the pleura, the peritoneum, the perihepatic tissue, and the mediastinal region.

The special object of this article is to direct attention to the differential diagnostic features of pericardial frictions in general, but especially of those varieties which acoustically closely resemble endocardial valvular murmurs.

In reviewing the causes which produce pericardial murmurs, Hayden has written of acute pericarditis: "I have never met with a case which would warrant me in asserting that a state of simple dryness and vascularity of surface may give rise in the pericardium to veritable friction sounds. I do not, however, deny the possibility of an occurrence which theoretically would seem not improbable. In every instance, without exception, in which I have had the advantage of determining by post-mortem examination of the body, the condition of the serous surface of the pericardium where friction sounds of indubitable pericardial origin had existed during the patient's last illness, I have found lymph in greater or less quantity effused upon the surface." Da Costa supports this statement, and theoretically grants that the initial stage of dryness of the pericardial membrane is associated with murmur, but adds that "practically, I have never seen it, and in the suspected cases, lymph has always been found, with the single exception of a case in which the friction sound had disappeared nearly a week before death, which re-

sulted from kidney lesion, and where it was reasonable to infer that the lymph had been absorbed."

The attributes of a pericardial friction murmur are its quality, including loudness and pitch; its point of maximum intensity; the area of its diffusion, and its rhythm.

1. It is indubitable that the quality of pericardial friction murmurs may be distinctly rubbing or friction-like, and synchronous with the movements rather than the sounds of the heart, which characteristics lead Watson to assign the designation of to-and-fro murmur; but it is equally true that pericardial murmurs are sometimes blowing in quality, and quite indistinguishable acoustically from the endocardial valvular murmurs. The superficial quality of the former murmurs affords a basis of distinction, while intra-cardiac valvular murmurs are audible, as though produced on a different and deeper plane. The rubbing sound will be apparent until the quantity of fluid becomes sufficient to separate the walls of the sac; the friction sound reappearing when the lymph is absorbed. The gradual disappearance of the murmur with a gradual reappearance is a fairly diagnostic sign.

The friction murmur may also be recognized by palpation. Stokes, indeed, looked upon the friction fremitus as separating pericarditis from valvular disease. A true pericardial friction fremitus is not limited to the known positions of maximum intensity of endocardial murmurs, but it may be felt over the præcordia, but not often beyond the normal limit of cardiac dullness, unless there be associated inflammation of that portion of the pleura adjacent to the pericardium.

2. If it is granted that in cases of acute pericarditis the murmur is usually due to roughening of the pericardial surface by the presence of lymph, it becomes inferential that the continuous pulsation of the heart may reduce the roughnesses at one point of the pericardium, while fresh areas of roughness may be developed, and consequently the acoustic phenomena must vary, viz., the point of maximum intensity of the pericardial murmurs cannot always be the same. The friction murmurs must also cease if the fluid effusion becomes considerable, or adhesions of the pericardium may modify or entirely prevent the development of friction sounds. Occasionally bands of lymph have been found on post-mortem examination, stretched like a bridle over the heart across the pericardial sac, which must have favored the development of a murmur during life. When local adhesions of the pericardium per-

mit portions of the free surface, more or less covered with lymph, to exist, the heart being free to move, friction sounds can occur which may be most intense anywhere over the præcordia, except at the points of adhesion. It is evident therefore that the location of maximum intensity must be a variable or shifting point, affording a conspicuous contrast to the organic valvular murmurs, which have fixed centres of maximum distinctness, corresponding with a point at which the chamber of the heart where the murmur is produced, approaches most closely the chest surface. The usual location of friction murmurs, however, is over the heart or near the orifices of the vessels.

3. Special attention should be given to the area of diffusion of pericardial murmurs. It is an ordinary distinctive point that in endocarditis the abnormal murmurs are transmitted upon definite lines of maximum intensity; but in pericarditis one may recognize a very loud murmur, possibly simulating in quality an endocardial murmur, and yet its area of diffusion with maximum intensity is commonly limited to the præcordia, or if transmitted over the whole chest, as may happen in children, or in adults with cardiac hypertrophy, the area of maximum intensity of diffusion will follow some line which does not correspond with the area of diffusion of endocardial murmurs. The latter are transmitted with maximum intensity in a line which coincides with the direction of the blood current by which they are produced. Indeed, by closely observing this single point it may be possible to differentiate in the same case between pericardial and endocardial murmurs, as was illustrated by a recent autopsy upon a case in the Philadelphia Hospital. Lesions were found which had caused a double aortic and double mitral murmur, and also a pericarditis with adhesions which had given rise to pericardial friction murmurs. In this instance all these murmurs had been correctly analyzed during life.

4. The rhythm of pericardial frictions has been already noticed as to and fro, and synchronous with the movements rather than the sounds of the heart, yet the rhythm of pericardial friction murmurs may be systolic or diastolic.

5. A change of posture may increase the intensity of a pericardial friction murmur, rendering a murmur which is faint in the vertical quite distinct in the recumbent position, while in endocardial murmurs usually the reverse prevails, that is, in those cases in which change of posture has any effect upon

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the acoustic phenomena of endocardial murmurs.

6. It should be borne in mind that certain postures give relief to the dyspnœa of pericarditis when this symptom is prominent; for instance, if the recumbent posture on the left side is selected, the liver and heart both tend to exercise pressure on the pericardium, so that the posture on the right side is usually preferred. This symptom has, therefore, a relative value in estimating the etiology of a doubtful murmur.

7. The alterations common to the walls of the heart in encocardial valvular disease are absent, unless, indeed, endocardial processes are also combined.

In recognizing cases of endocardial murmur, we can estimate the gravity of the lesion rather by the changes in the auricle or ventricle of the heart than by the diffusion or quality of the murmur; but in pericarditis, these changes do not correspond with the hypertrophy and dilatations commonly found in endocardial valvular lesions; and when in uncomplicated chronic pericarditis, with adhesions, the heart is hypertrophied, the organ is apt to be drawn up to the left by the adhesions in a more or less significant manner.

8. Friction murmurs can be developed by the movements of the heart in the pleura adjacent to the inflamed pericardial sac, if the former be also covered with lymph. One of the best methods of differentiating this murmur from one developed within the pericardial sac is to cause the patient to cease breathing for a moment, and then by ausculting the heart the friction-sounds persist if of pericardial origin. If the portion of the pleura adjacent to the pericardium be also covered with lymph, the heart's motion transmitted through the pericardium may produce pleuritic friction even while the lung is at rest. The location of the murmur at the border of the pericardium and its transmission beyond its confines will be the best aids to auscultation; since, in pericarditis without associated pleurisy, the murmur will more probably be confined to the normal limit of cardiac dullness, and the same rule will apply to a friction fremitus recognized by palpation.

A friction murmur can also be produced by the action of the normal heart in an inflamed and roughened pleura. This is very difficult to recognize with precision; the foregoing principles can be applied, and the etiological relations of the suspected conditions studied. The murmur is often perceived near the apex of the heart. It may not oc-

cur with each cardiac pulsation, and may cease during held expiration.

These observations might readily be extended to include other methods of physical diagnosis applicable to the recognition of pericarditis; but the subject is a familiar one, and only the survey of the results of auscultation has been attempted, chiefly to bring out the characteristics relating to the focus of maximum intensity and the area of diffusion of pericardial friction murmurs.

#### A CASE OF PERITYPHLITIS WHICH WAS APPARENTLY RECOVERING, BUT WHICH IMPERATIVELY DEMANDED OPERATION AS EARLY AS THE SIXTH DAY.\*

BY W. W. KEEN, M. D.,

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George G., æt. 22, shoemaker, of Vine-land, N. J., a spare young man, in good general health till Sunday, September 27, 1885. On the previous evening he had eaten very freely of grapes, but went to bed in his usual health. On Sunday evening, the 27th, he was suddenly seized with intense and excruciating pain in the right iliac fossa. Supposing it to be an ordinary colic, he took considerable ginger; but finding no relief, he sent for Dr. Wiley, his usual physician. Dr. Wiley, recognizing the character of the attack, at once applied hot fomentations and administered a hypodermic of morphia.

Though partially relieved his pain continued, with fever, a pulse of 120 to 130, constant bilious vomiting, great tenderness in the right iliac fossa, and dullness over a space as large as the hand. His right leg was not flexed. He had had no chill. His highest temperature was 102.4°; it began to fall October 1st, the fourth day. Opium was used continuously, from 3 to 8 grains daily.

On October 3d, the sixth day, I was asked by Dr. Wiley to see him with a view to operating. I found him in bed, with his legs extended, the belly not markedly tender, and he was generally comfortable. He could turn in bed, and move the right leg without suffering, and was not in much pain. His pulse was 88, and the temperature was 99.4°. He breathed easily. In the right iliac fossa there was a perceptible increase of resistance, with doughiness, but no well-defined tumor. The dullness was not well marked, except on

\* Read before the Clinical Society of Philadelphia.

deep pressure, which did not cause much pain. No fluctuation could be detected. There was considerable œdema of this region. A small right oblique inguinal hernia had existed for years, which Dr. Wiley had reduced before I saw him. There was no tenderness in the hernial region, so that I rejected the idea that the hernia had anything to do with his present condition. The vomiting also had ceased, and it should also be remarked that it had at no time been stercoraceous. His bowels had not moved for a week.

The marked amelioration in his general condition, the abatement of the fever, the decrease in the local signs, such as pain, tenderness, and swelling, the absence of chill and fluctuation, all led to the supposition that the attack was probably passing away, and that the wisest course would be to wait. The only signs of evil were the presence of the obscure tumor, the doughy feel, and the local œdema. The tumor might be inflammatory, or it might be caused by a collection of pus. To determine which of these conditions existed, and thereby to determine whether an operation should be done, resort was had to the hypodermic needle. This was filled with pus at the first attempt, and the operation was at once determined upon.

The usual operation was done by an incision parallel with Poupart's ligament, and about three inches in length. Thorough antiseptic precautions were practiced (including the spray), carbolic acid being used. Several small vessels required catgut ligatures, and the hypodermic needle was used twice as a guide to the seat of the pus. When the cavity was reached, a gush of pus occurred. The entire amount that escaped was estimated at nearly a pint. No grape-seed was seen, but it might readily have escaped observation in the pus. The odor of the discharge was offensive in the extreme. The cavity was washed out with the five per cent. carbolic solution until the solution flowed clear; a drainage-tube was inserted, and the wound was dressed with a large mass of antiseptic gauze, in order to absorb the expected abundant discharge.

The subsequent course of the case was favorable in the extreme, and the treatment was very simple. The same dressing was continued. The diet was purely liquid. The bowels were moved by enema on the seventh day. The drainage-tube was kept in for four weeks, but was shortened from time to time, as required. The temperature did not rise above 99° at any time after the operation. The pulse was 84. In about six

weeks the wound was entirely healed, and by the end of November, some seven to eight weeks after the operation, he resumed his usual work.

To the late Dr. Willard Parker is due the credit of formulating and establishing the operative treatment of perityphlitis. Previous to 1867 the treatment was almost exclusively an expectant medical treatment. The present case is a marked evidence in favor of the now generally favorable estimate of the operative treatment in suitable cases, due to the diffusion of his ideas. The noteworthy points in the case are the apparent convalescence masking the abscess which was present, the value of the hypodermic needle as a means of diagnosis, and the early date of the operation.

All of us have seen many cases the counterpart of this, in which recovery has taken place without suppuration. In these cases the inflammatory hardness continues after the subsidence of the initial fever, and only disappears gradually, and after a long period. Apart from the evidence of the needle the present case seemed, both by its symptoms and its physical signs, probably to be of this character. Earlier than the fifth day the presence of pus is unusual; but as Parker and Burger have shown, and is now emphasized, after this time it should be suspected and sought for; for if it exists, its presence is a serious menace for the future. True, it will escape either externally (the least favorable course), or by finding its way into the bladder, rectum, or vagina. But such a method of escape is fraught with danger, and should be averted if at all within our power. The simple (and of course not novel) expedient adopted in this case, where the decision as to the operation rested almost wholly upon the verdict of the syringe, is one to which I wish to call especial attention. It is within the reach of every one; it is free from danger, and should never be neglected. If at the first puncture no evidence of pus is found, the needle should again be used at a neighboring point; and thus several punctures may be made on the same or on successive days, till we are sure that no pus exists, and therefore the hardness and dullness are inflammatory and not due to pus.

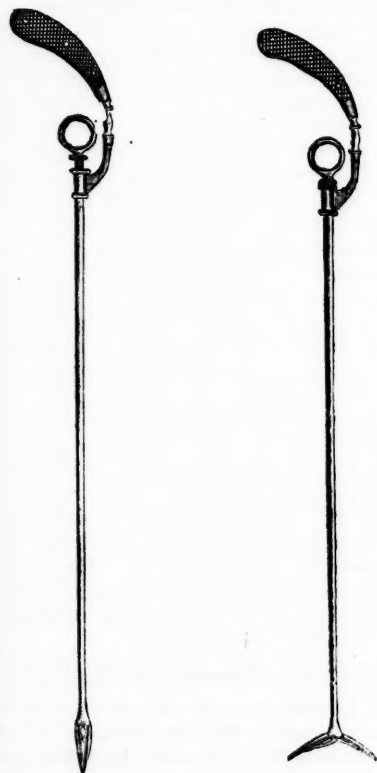
The earliest operation recorded is, I believe, on the fifth day. In the present case it was done as early as the sixth day, and yet a pint of pus was found. No better evidence is needed to show the value of the early search for pus; and if found, its immediate evacuation by operation is the only rational course.

## AN IMPROVED BULLET-EXTRACTOR.

BY W. J. HOFFMANN, M. D.,  
Of Washington, D. C.

The accompanying illustration represents an instrument for the extraction of bullets from deep-seated localities in the human body, as well as for the removal of foreign bodies from the trachea and œsophagus. For the latter, the contrivance is either curved or it may consist of a flexible steel rod with a tube constructed of a spiral band of steel.

The instrument consists of a tube one-fifth of an inch in diameter, and fourteen inches in length (or more if desired), armed at one



end with two blades, closely resembling a serpent's jaws. To the opposite end is attached a handle. A steel rod passes through the entire length of the tube; a ring for manipulation being attached at the rear end, while at the opposite extremity are secured, by means of a slot and pin, two slightly curved arms which connect it with either blade. By pressing the ring forward, the

blades are opened, closing them being effected by drawing it backward. The extremity of one of the blades terminates in a short tooth, directed inwards, the opposing blade being armed with two between which the former enters, presenting a smooth rounded surface when closed and ready for introduction.

The present instrument is a slight modification of one devised by the writer in 1870, while attached to the Prussian medical corps (during the Franco-German war of 1870-71), when it was employed with great success, and in numerous instances in which the then available bullet-forceps entirely failed. The Turkish government recently adopted the above-mentioned instrument, and the writer had the honor of being appointed to supervise the manufacture of a sufficient number for immediate use in the present campaign.

Mr. Charles Fischer, of Washington, D. C., is the manufacturer.

## HOSPITAL REPORTS.

### PHILADELPHIA HOSPITAL.

SERVICE OF DR. W. H. PARISH.

#### Cancer of the Cervix.

This woman, aged 58, has had several children, and passed through the menopause as usual. Four years after the climacteric, she commenced to have bleeding from the uterus, which was the first symptom of her present trouble, and for which there was no apparent cause. After lasting for some weeks, this hemorrhage was supplanted by a moderate watery discharge, which gradually became offensive. For some months there was this variation, the discharge being sometimes watery and sometimes bloody. She began to lose flesh and her color to change, she becoming very sallow; so that there were strong reasons to suspect carcinoma. In fibroid tumors, however, we may have an offensive discharge, and hemorrhage may occur. I find, upon digital examination, that the cervix is enlarged, rough, and very friable, bleeding upon the slightest touch, and I note that there is a growth from the cervix, not from the inside of the organ. The disease has gone too far for us to take into consideration the propriety of removing the whole uterus, or even any very considerable portion of it; it has progressed so far that a cure is out of the question, and we can only hope to palliate. As a rule, pain

is not an early symptom of cancer of the cervix, as it used to be said.

I will remove a portion of this mass with the wire and curette away the rest. I find it so soft that by merely pulling on the wire the mass comes away in fragments. I will swab the surface with vinegar, which is antiseptic as well as astringent; it will not irritate, stain, nor give us the annoying coagula that are produced by Monsel's solution. One or two sponges, saturated in vinegar, I will leave in the vagina for a while. The probabilities are that after this operation, there will, for a time, be less hemorrhage and discharge, which will render life more pleasant, and make this woman less of a nuisance to those about her. We must be careful after performing such an operation not to go to a parturient woman until we have disinfected our hands with corrosive sublimate, for such discharges will be very apt to convey child-bed fever.

After the vinegar sponges have been in for twelve hours, they will be removed, and the vagina syringed out with Platt's chlorides, one part to ten of water, injected twice daily. Sometimes these cancerous masses will form adhesions to and ulcerate into the bladder or rectum, forming one large cavity common to all, and, of course, producing incontinence of both urine and feces.

The question of the advisability of the removal of the whole uterus for cancer is still *sub judice*, but, in my opinion, it is only justifiable in the very early stages of the disease, at which time the affection is very rarely recognized.

#### Bloody Urine in Pregnancy.

I have here a pregnant woman who passes blood in her urine, both as streaks and intimately mixed with the urine. I once had a patient (pregnant) who passed between a pint and a quart of pure pus; upon previous examination two tumors had been found, one on each side; in one was the fetus, and there was fluctuation in the other. At first it was thought to be an ovarian cyst, but after the passage of the pus it collapsed. After the cessation of the pus in the urine, this tumor became again apparent. Labor finally came on, after which there was a high temperature, and the patient died. An autopsy was not allowed, but I am quite sure that there had been an accumulation of pus in the pelvis of the kidney. Ovarian tumors may form adhesions to the bladder, and suppurating, open into and discharge pus into that viscus, giving us the phenomena of purulent urine.

## JEFFERSON MEDICAL COLLEGE HOSPITAL.

SERVICE OF DR. THEOPHILUS PARVIN.

### Uterine Fibroids.

This woman, gentlemen, is said to be suffering from sub-mucous fibroids. She is thirty-six years old, has been married ten years, and has had no children. Now, this sterility is not due to an inability to conceive, for the woman has had several miscarriages, from which I conclude that the sterility in this case is due to some condition of the lining membrane of the uterus that renders it unfertile soil for the product of conception. Now, sterility is a not infrequent consequence of uterine fibroids. They cause catarrhal and congested conditions of the endometrium, which is relieved by hemorrhagic discharges, which wash away the product of conception. In this case we have the history of a profuse flow after each miscarriage. I find the cervix is unchanged. I feel a hard mass in the supra-cervical portion of the vagina, which seems continuous with the cervix, but the abdominal muscles are so rigid that I cannot say, with any degree of certainty, that I can feel the fundus or a tumor above it.

Now, when we have fibroids that cause uneasiness by producing hemorrhage, we can have no better remedy than the hypodermic use of ergot. I would inject from twenty to thirty drops of the fluid extract of ergot into the hypogastrium, or directly into the tumor, if it be accessible. We might inject five or six drops of Fowler's solution into the tumor, but this latter is very uncertain, and will disappoint our expectations in one-fourth of the cases where it is used. The next step would be dilatation of the cervical canal. If the alarming conditions still persist, then we must enucleate the tumors. But this is a dangerous operation, unless they are clearly pedunculated, hence it should be undertaken only as a last resort.

### Hypertrophic Elongation of the Cervix.

Dr. Emmett seems to believe that there is no such thing as true hypertrophic elongation of the cervix; he considers that all such cases are merely apparent, and are, in reality, merely a pulling down, as it were (as you might pull out putty), of the cervix from its own weight. Now, I am quite sure that there is such a thing as true hypertrophy, and I am quite sure that we have this condition in the case before us, where the vaginal cervix measures three inches, while, normally, it should not be more than half an inch. In such cases, of course, we can only afford re-



lief by amputation. This is in some respects a simple and satisfactory operation. The cervix should be split into two lips, as it were; above the point at which we propose to amputate, we should pass several stitches through each lip; then, after amputating, we should draw down the threads and tie them together. Thus we unite the mucous membrane, get union by first intention, and avoid the danger of the two sides agglutinating and causing stenosis. Besides, if we allow the wound to heal by granulation, the process is much slower, the danger of sepsis greater, and the general results less satisfactory. If you find the fundus in its normal position, and the cervix away down at the vulva, you know that you have either stretching out or hypertrophy. For the purpose of amputation you may use either the galvano- or thermocautery or knife, or the ecraseur. Secondary hemorrhage is a contingency to be dreaded in these cases, while the primary hemorrhage may be quite severe: I have known one death from each. On the whole, I prefer using the scissors for this operation, but I would not use them in cancer, save where it was strictly limited to the neck. In eighty or ninety per cent. of all cases of uterine cancer it is not limited to the neck, but has a decided tendency to extend upwards and implicate the body of the organ. You will sometimes be surprised to see how far up it has extended, when you had supposed that the cervix alone was involved.

#### The Sexual Passion.

As bearing on the case of nymphomania about which I lectured to you last week, I wish to say a few words about the very prevalent notion that cantharides excites the sexual passion. It not infrequently occurs that this drug is given to young girls for the purpose of causing them to desire intercourse. In ancient times it was believed that a diet of fish stimulated the sexual organs, which idea originated from the fact that Venus was born in the sea. Now, while cantharides will most likely produce genital erethism in the male, there is no positive case on record where it has produced this effect in the female; I will admit that it is barely possible that such might occur. Again, it has been claimed at various times that certain drugs possessed the power to diminish or hold in check the sexual passion, and for this purpose it was once the custom in Europe to administer to nuns an infusion of white water-lily, which was supposed to destroy all sexual desire. Camphor was also believed to possess this power, and one hun-

dred and fifty years ago in England the women were accustomed to wear camphor about their necks as amulets to preserve their virtue. This came out in a trial for rape, where it was contended that a man had forcibly carried off a girl in a carriage. It came out in the trial that during the journey in the carriage, at one stage, the girl opened the window of the carriage, and also opening the bosom of her dress, removed the camphor from her neck and cast it from the window, which was held to be an act of submission on her part. Of course, the idea about all these drugs is very vague; it is a vague notion to talk about exciting or repressing sexual passion by drugs. If we have any special sedatives, they are to be found in the alkaline bromides and also in the bromide of camphor. These drugs may be used in the treatment of masturbation and nymphomania; but as I have already told you, the most radical treatment will consist in the removal of the cause. In the majority of cases this cause is not to be found in the sexual organs, but in some impure thought planted in the mind in childhood, that has matured and borne most terrible fruit. Therefore the mind must be controlled; moral suasion, and not drugs, must be relied on to work a cure.

#### Flatulency.

Here is a valuable case, for you will be constantly confronted with similar ones. This woman, who is forty-eight years old, and has had thirteen children, comes to us because her abdomen is enlarged. This is exceedingly common, hence the treatment will be of interest. For some time past her menstruation has been scanty, and it has not now recurred for six weeks. She suffers some from headache about the menstrual period. But she complains chiefly of this abdominal enlargement, which varies, being sometimes greater and sometimes less, and is especially noticeable about the menstrual epoch. The *linæ albicantes*, as you see, are well marked, as we would expect to see them in a woman who has borne thirteen children. Now, what is the cause of this enlargement? I dip my fingers well into the abdomen, but I can detect no tumor; the whole abdomen is resonant, and she is costive. Well, gentlemen, this swelling is simply tympanites. Women will popularly speak of it as "bloating;" they will remark that their abdomen becomes bloated at the menstrual period. It is due to a partial paralysis of the intestinal muscles and a consequent accumulation of gas. To relieve this condition, we must increase

the vigor of the muscular coat of the intestines, which we can do by bathing the abdomen with cold salt-water, with subsequent friction. Remember that this abdomen has been relaxed by thirteen pregnancies, so that the abdominal walls even fail to give the usual support to the intestines. We must, therefore, use artificial support, which will be derived by a strong drilling or flannel bandage. In addition to these measures, we will give the woman a pill containing aloes (gr.  $\frac{1}{2}$  to  $\frac{1}{4}$ ), podophyllin (gr.  $\frac{1}{10}$ ), extract of nux vomica (gr.  $\frac{1}{4}$ ), and belladonna (gr.  $\frac{1}{12}$ ), one, two, or three daily; much improvement will be noted in a week. These cases may seem trivial, but they are very annoying to the patients, and will call for relief.

### Sterility.

Here is a woman who has been married for two years and a half, and has never been pregnant. She has had leucorrhœa for two years, and complains of backache. You will note that these women who complain of backache will tell you that they put pillows into the small of the back to afford relief. Instinct seems to teach them this. Shakespeare tells us, "Take some new infection to thine eye, and like rank poison the other will straightway die." I imagine this pillow custom rises from the endeavor to throw higher up a body that is pressing downwards. It is an unconscious invocation of the general law of gravitation. This woman comes to us mainly because she is sterile; she desires to have children. When you resort to bi-manual examination, always put the index finger of the left hand in the vagina, keeping the right hand free for the external work, that is, unless you are left-handed or ambidextrous; ordinarily there is more facility in the right hand. I touch the os, but this contact reveals nothing. When making a bi-manual examination, it is always well to have the woman's head somewhat elevated, that the abdominal muscles may be relaxed. I find the neck of the uterus nearer the symphysis pubis than it ought to be; I should find it about in the centre of the parturient canal, and about the middle of a line drawn from the iliac spines, but here it is only about half an inch from the symphysis pubis. Why is it so far pushed forward?—for it must be either pushed or drawn forward. Away up in Douglas's cul-de-sac, I find a hard mass about the size of a small apple. Now I am sure that there is either retroflexion of the uterus or a tumor in its wall. How can I tell which it is? I feel with my right hand

above, and as I know that the uterus cannot possibly be in two places at the same time, I know it is not retroflexed into the hollow of the sacrum, because I feel it well up in the median line of the abdomen. Now, when I press on this mass through the posterior vaginal wall, I find it almost as hard as this table; it is altogether too hard for the uterus. In doubtful cases, where there is no suspicion of pregnancy, the sound must be passed. This has been done here, and it passes not into the tumor, but anterior to it; where the cervix seems fused into the tumor, there is an abrupt line of demarcation, which would not be the case if this mass were the uterus. Now knowing that a tumor is causing all the trouble, what shall we do? I have a case up-stairs similar to this, in which I have accomplished a great deal by gently, gradually, but persistently pushing the uterus upwards. A great deal can be done by this method, but you must be patient; you must not be discouraged, for your progress will be very slow. Remember the story of the man who was able to lift an ox; commencing when it was a little calf, he daily picked it up, and it grew so gradually, the increase of weight was not appreciated, and he was finally able to lift a full-grown ox. So day by day you can push the uterus up a very little at a time, and in the aggregate you will accomplish a great deal. The woman should be placed on her knees and face, and you should operate with two fingers, working for say five to ten minutes at a time, then allowing her to maintain the knee-face position for twenty to thirty minutes. The success by this method will sometimes be very great. Do not abandon this procedure until you have given it a very thorough trial, even though several weeks may elapse without any apparent benefit. When the uterus is well lifted up, it will add greatly to the comfort and safety of the patient.

### Intra-mural Fibroids.

This colored woman, aged 42, has had no children, but she complains of abdominal enlargement, which seems somewhat most marked on the right side. Now what is this tumor? Is it physiological, or is it pathological? The tumor extends to a little above the umbilicus, and slopes off. At its summit it is not quite broad enough to be the fundus of the uterus. If it were a physiological enlargement of the uterus, we would have the involuntary muscular contractions, which are wanting; so also if it were so large physiologically, it would yield at some points, but it does not, it is very

hard; so also in such a case we ought to hear the foetal heart-sounds (for it is large enough for the seventh month of pregnancy), but we do not. The cervix is found high up, is soft and pulpy; the sound passes one and one-half inches, then goes off to the right one inch, then forward one inch, and then backward one inch, giving the sensation of sliding over a lump. It is reported that she has hemorrhage every two weeks. Now Dr. Da Costa (not the professor), who has brought this case here, proposes to give the woman muriate of ammonia until he is satisfied that she has hemorrhages, then he will give her half-drachm doses of fluid extract of ergot or gossypium every four five, or six hours.

#### Metritis (Subinvolution).

Here is a woman who has been married for two years, and miscarried at three months one year and a half ago. She complains of pain in the sacral region that radiates to the inguinal region; her bowels are costive, and her menses regular. It is said that she has subinvolution. Well, you know my views about this doctrine of sub-involution. A uterus evolves; why does it not involve? Because there is some inflammation about it. It is not truly sub-involution, but it is metritis that we have to do with in these cases. There is a glairy, white-of-egg-like discharge from the cervix, which is very characteristic of endocervicitis, the discharge from the cavity of the uterus being more watery. Well, how will we relieve this condition? In the first place, we must lift the womb up and support it, so that its engorgement will be relieved; hot water injections will also aid this purpose. Then we will apply Churchill's iodine or carbolic acid, or the acid and iodine, to the cervix. Pressure will also aid us by diminishing the size of the uterus, by causing absorption of some of the excess of tissue. This compression we can accomplish by means of Hagar's hard rubber dilators. Hagar claims that in one hour we can dilate the cervix so as to admit two fingers; and this will be a good expedient in abortion, to enable us to remove the fragments.

—According to a recent parliamentary return of the total number of persons of unsound mind, not being British subjects, who were patients on the first of January last in any county or borough asylum, it appears that in England and Wales the number of such patients was 434, 287 males and 147 females. There were only four in Scotland.

## MEDICAL SOCIETIES.

### PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Meeting October 22, 1885. The president, J. C. Wilson, M. D., in the chair.

Dr. J. Collins Warren read a paper on

#### A Comparison of the Changes in Arteries after Ligature, and in the Ductus Arteriosus and Umbilical Arteries after Birth.

After the ligature of an artery in continuity, the earliest changes noted are the formation of the thrombi within the vessel, and the development of a mass of inflammatory tissue or callus around the point of ligature externally. No perceptible cell action can be observed in the inner wall with low powers during the first week, although under favorable circumstances a proliferation, to a limited extent, of the endothelial cells near the point of ligature can be seen with high powers, and occasionally a few wandering cells may be found to have penetrated the walls of the vessel at the same point. In the second week the bundle of fibres of the adventitia, which were surrounded and held by the knot, have been absorbed, and the two ends of the vessel retract slightly from one another, leaving the ligature imbedded in and partly disintegrated by the granulation cells. The walls of each portion appear to form a complete *cul-de-sac*, and it looks at this time as if the healing process were complete; but it can hardly be said to have more than begun, as the vessel has not yet passed through what may be considered as the first stage of healing. The beginning of the second stage is marked by an unfolding of the ends of the vessel, the walls separating somewhat after the manner of opening of a bud, which permits the entrance of a considerable quantity of the granulation tissue. A disintegration of the thrombus follows, and we have now a fully developed external and internal callus, a small fragment of clot still protecting the latter from the current. The ligature may be totally disintegrated and absorbed, or it may have become encysted, or finally it may have created a small abscess about itself which has discharged the fragments of thread through a sinus opening externally. The second stage is completed when the internal growth has reached the neighborhood of a branch. After this we have an absorption of the callus, which, as in fracture, is only a provisional structure, and eventually the

two ends of the vessel are found held together by a slender cord of varying length. The walls of the vessel are slightly separated at each end by a cicatrix consisting of connective tissue externally, inside of which is another layer consisting largely of unstriated muscular fibre, the surface being covered within by a new endothelium. The cicatrix is always pierced by a vessel which terminates in a number of capillaries ramifying in the cord. We have here a scar made up of three layers resembling closely the three coats of the vessel.

In the large vessel of amputation stumps we have a somewhat different series of changes. Soon after the ligation, the end of the vessel may be seen imbedded in granulation tissue and containing a thrombus of varying length. By the second week there is a marked change in the intima, extending for some distance above the point of ligation, probably to the first large branch or to the origin of the vessel. Examined several months later, when the healing process has been completed, the vessel is found to be preserved in the form of a cord running from the first large sized branch to the cicatrix of the stump; on laying open this cord the walls of the vessel are found preserved, the interior being filled with new tissue, leaving spaces occupied by one or more vessels. There has been a process resembling that known as obliterating endocarditis, by which the calibre of the blood-channel has been narrowed to an extent to adapt it to the diminished blood supply. In this obliterating tissue we find comparatively large vessels, with new coats consisting of an endothelium, an elastic membrane, and also a new media. An erosion preparation would best represent the condition of the arteries of the stump at this time. The main artery would, after giving off its largest branches, break into a spray of smaller vessels, no one of which would predominate.

A comparison of these two modes of healing with the changes seen in the arterial system seen after birth, shows certain resemblances in the two processes. The ductus arteriosus, about the time of birth, differs considerably from the structure of the aorta and pulmonary artery. The media is much thicker than in either of these vessels, it is thrown into irregular folds which are increased at the time of birth and help to narrow its calibre. The distinctions between the different layers of its wall are less marked than in other vessels. The lamina elastica is indistinct, and in places apparently wanting; the media consists chiefly of longitudinal layers of muscular fibres, a few

circular bundles existing in the innermost layer. A few weeks after birth a greater portion of the walls of the ductus undergoes hyaline degeneration, the inner or circular fibres of the media alone remaining, these being reinforced apparently by a growth from the media of the larger vessels. At this time there is an active growth of long spindle-shaped cells with staff-shaped nuclei; at the edges of the media bordering on the opening into the aorta, there is also a moderate thickening of the intima. Eventually the hyaline tissue becomes absorbed and is replaced by a ligamentous band of fibres, which becomes continuous at either end with the media of the larger vessels. At the aortic end, in a longitudinal section we see the media slightly separated. At the point of the cicatrix and between them, and also continuous with them, are the longitudinal fibres of the ligamentum arteriosum. In this ligamentous tissue and between the edges of the media are numerous new muscular cells; nearer the surface is a layer of thickened intima, which in the aorta has not only connective tissue in it, but also a deep musculo-elastic layer; in the centre of the depression marking the site of the cicatrix a small vessel is given off which penetrates into the axis of the ligament, where it either loses itself in a capillary network or becomes continuous with a similar vessel coming from the pulmonary artery. We have here conditions closely resembling those which have been described as existing in the cicatrix of a large artery after ligation in continuity, namely, the slightly separated ends of the media, between which lie the fibres of the ligament connecting it with the pulmonary artery, a new intima and a new growth of muscular cells, and finally a central arteriole. The only point of difference is the preservation of a layer of circular muscular fibres which form an outer wall to the ligamentous band, a much-needed support at a point exposed to great tension. Further protection is afforded by the oblique insertion of the ductus into the aorta, diminishing the pressure upon this particular point, at which the umbilical artery, or that usually called the hypogastric artery, the portion within the abdomen, at its origin from the internal iliac, is a vessel of considerable size, being in fact a continuation of that artery. At its termination in the umbilical wound it has greatly contracted, and is filled with clot for a distance of about one inch. The outlines of the various walls are not as distinct as in other vessels, and the elastic lamina for the most part wanting.



No special change is seen in the elements of the walls of the vessel except a slight accumulation of endothelial cells near the apex of the thrombus. A few weeks later there is a distinct growth on the inner surface of the wall up to its point of origin, the terminal portion having undergone a hyaline degeneration and obliteration for a short distance. The vessel has greatly contracted throughout its entire length, and its calibre is further diminished by the growth in its interior. Cross sections taken from the superior vesical artery in adult life show the media as a wall thick out of all proportion to the size of the vessel, and consisting not only of its original wall, containing longitudinal muscular cells interspersed with elastic tissue, but also an inner circular row of cells, which is provided with a well-formed elastic lamina. It seems probable that the greater portion of the hypogastric artery has been preserved, the ligamentous band which extends to the umbilicus consisting of the obliterated extremity of that vessel, much elongated during the process of growth. The series of changes which occur in the hypogastric artery after birth is closely analogous to that seen in the main trunk of an amputation stump—a slight portion of each vessel is destroyed, both retract and are attached to the terminal cicatrix by a band of fibrous tissue, both remain as pervious vessels with thickened coats and narrowed calibre. In both the process is not unlike that seen in the so-called obliterating or compensatory arteritis. Arteritis hardly seems a term applicable to the changes taking place in normal arteries after birth, nor can the alterations which have been developed through the whole length of a large vessel, extending a considerable distance from the original seat of inflammation, be strictly regarded as of an inflammatory nature. May not the obliterating growths found to exist simultaneously in terminal arteries in widely-removed portions of the body of the same individual also be regarded not as of inflammatory nature, but rather as a secondary and formative process, closely connected with disturbances in the mechanism of nutrition, designed to adapt the vessels to a diminished blood supply?

Dr. S. W. Gross said, in view of the fact that Dr. Warren's teaching seemed so directly opposed to that of other observers, he would like to have some points cleared up. He would, therefore, ask if Dr. Warren held, 1st, that instead of the external coat where it is included in the ligature sloughing, and coming away with the ligature, the pressure

of the ligature sets up an irritation which causes the adventitia to return to its embryonic state with a reversion, after the ligature has cut through this, to connective tissue; and, 2d, whether the repair of arteries was brought about by the ingrowth of the cicatricial tissue, which he likened to provisional callus, together with some proliferation of the muscular cells of the media.

Dr. Randall said, that as the result of careful study of the subject, he had always found the clot present at first, and that it was honey-combed even in the first few days by the contraction of its fibrin; through the spaces thus formed the blood seemed to be circulating. Cells, either original white cells or of endothelial origin, occupied the walls of these cavernous spaces, and seemed to sheathe them. The red cells early melted down into a homogeneous mass, furnishing the framework upon which the reparative tissue was built. The "plastic clot" of some observers he had not seen—the new cells being distributed throughout the old clot, as well as upon the vessel walls, and not specially collected in the immediate neighborhood of the ligature. The obliteration of the vessel was accomplished by the growth and contraction of the trabeculae of new tissue built upon the remains of the original blood-clot. Even close to the ligature he had not found the vessel walls greatly altered, merely showing a great increase in the nuclei and in the number and size of the vasa vasorum, the lamina elastica being distinct and as a rule intact. Toward the end of the first month the new tissue was largely spindle cells, but careful staining had given no suggestion of muscular tissue. But, not having carried his study beyond the first month, he had no data upon this subject, since the development of muscular tissue is claimed to occur only at a later stage.

Dr. Formad was inclined to favor the views of Dr. Randall. The observation of Dr. Warren that the new-formed connective tissue played the most important part, was to him entirely novel. He thought probably that pressure upon the artery from without, with consequent diminution in its lumen, might bring about a condition more analogous to the growth of fetal life than to inflammation.

Dr. Mears remarked, we are liable to be confused in considering this subject by the presence of the blood in the vessel. So far as the process of healing after ligature is concerned, we may consider only the structures which enter into the formation of the vessel wall, which is complex in character, and com-

posed of connective, elastic, and endothelial tissues. Dr. Warren has given us a very clear demonstration of cicatrization as it occurs in these structures after application of the ligature.

Dr. Tyson said the newest feature to him in Dr. Warren's observations was the part played by the muscular tissue. This apparent increase in the muscular tissue he was inclined to believe was really only a proliferation of intermuscular connective tissue. He was becoming more and more convinced that there was only one kind of inflammation—the interstitial. He feared that he might himself mistake a proliferating connective tissue with spindle cells for muscular tissue. It is true that new-formed capillaries and arterioles have muscular walls, but the development of these seemed to him to be a slower process. He had expected to find a process of repair in the ductus arteriosus different from that in an ordinary artery. This process, he had expected, would be a true endocarditis, for it seems that the conditions of closure here are rather different from those in the ligaturing of an ordinary artery, and in the umbilical artery, where we have also ligation practiced.

Dr. Warren, in closing, said, in cases where there is much breaking down and little repair there might be a sloughing of the external coat, yet in his experiments this part of the arterial wall did not slough, but was simply absorbed by the granulation tissue, as is the ligature itself in some cases. In the normal condition, even the elastic lamina is not a perfectly continuous plate; he did not refer to these breaks, however, but to numbers of little ruptures incident to the pulling out of the wound of an artery in the act of ligature; however, this need not necessarily occur. He had not attempted to identify anything like muscular tissue early; this could not be recognized till we had a permanent cicatrix formed. He had carefully eliminated all sources of error, and it seemed to him that in almost all cases there was a considerable number of these muscular cells. The layer was not always as well marked as in his diagrams; especially was this true of human cases, but these had all been in alcohol for some years; of the fresh specimens, he had selected only those in which he had considered the process complete. In a specimen which he had here to-night, through an opening in the lamina elastica cells could be traced from the muscular layer, those in the inside resembling exactly those outside. These facts, together with the fact that we have normally a few

muscular cells inside of the lamina elastica, lead him to believe in the proliferation of the muscular tissue. The disintegration of the blood-clot is accomplished by granulations growing inward from the callus, there being two sets of blood-vessels, one in the granulations, the other (blood-spaces rather) in the clot itself; these unite about the end of the first or second month.

W. E. HUGHES, M. D., *Recorder*.

### NEW YORK PATHOLOGICAL SOCIETY.

Regular meeting, December 9, 1885.

John A. Wyeth, M. D., president, in the chair.

#### Perinephritic Cysts.

Dr. T. M. Pruden reported the result of the microscopical examination of the cystic kidneys presented by Dr. Boldt for a candidate at the last meeting. The perinephritic cyst on the right side contained a litre of gelatinous fluid, while that on the left side contained three hundred cubic centimetres. The surface of the kidneys not covered by the sac of the large cysts was smooth, and on this side was considerable interstitial nephritis. On the other side were a number of small cysts containing a fluid similar to that in the larger sac. The uriniferous tubules also had become distended with a similar fluid, being converted in places into small cysts. This process was probably due to insinuation of the fluid from the larger cysts into the tubules. The specimens were interesting and rare.

Dr. Pruden then presented for a candidate a specimen of carcinoma of the stomach, liver, and omentum.

#### Sarcoma of the Liver.

Dr. H. J. Boldt presented a part of a sarcomatous liver which weighed nineteen pounds and a half. It had been removed from the body of a woman, and was chiefly interesting from a diagnostic point of view, some physicians having supposed the enlargement to be due to amyloid change, probably of syphilitic origin. Dr. Boldt made a later diagnosis of malignant disease.

#### Cystic Degeneration of the Kidneys and Liver.

Dr. J. West Roosevelt presented the specimens which were removed from the body of a man who died in the Roosevelt Hospital, July 12, 1883, having been admitted on the 6th of July. He had suffered from symptoms which could be attributed to renal

trouble for some time before; when he entered the hospital there was some dyspnoea, which increased, and death took place from oedema of the lungs. The urine contained a small amount of albumen, no casts, was of low specific gravity. The liver and abdominal veins were enlarged.

The lesions of chief interest were found to be in the liver and kidneys; the liver contained numerous cysts, varying in size from a lemon down; the kidneys were converted into cysts, which retained something of the shape of the original organs. The speaker said he had, in a brief search, found only four similar cases recorded in medical literature.

#### **Pyonephrosis.**

Dr. Roosevelt also presented the kidneys and bladder in the case of a man who entered the hospital with the symptoms of the last stage of pyonephrosis. A stone was detected in the bladder. The autopsy showed one kidney much enlarged, the so-called surgical kidney; the other had been reduced to a small cyst. The walls of the bladder were greatly thickened; the viscus contained a stone the size of a walnut.

#### **Necrosis of the Fibula.**

Dr. Wackerhagen presented about two and a half inches of the lower end of the fibula, removed for necrosis, in the case of a girl thirteen years of age, who, about two and a half years before, had sustained an injury of the ankle, followed some months later by spontaneous rupture of an abscess. The lower end of the fibula was removed about seven months ago; the surface of the astragalus was slightly involved, and was scraped. There was no further disease, and the patient now had a healthy joint.

The president remarked that he had never seen necrosis of the fibula without involvement of the bones of the tarsus. He thought it was a rare affection.

#### **Infarctions of the Kidneys; Ante-mortem Heart Clots, etc.**

Dr. L. E. Holt presented the heart and kidneys removed from the body of a child about seventeen months old, which had died with symptoms of marked cerebral irritation, depending upon teething. There was marked cyanosis a short time before death. At the autopsy there was found slight milkiness of the pia mater. The vessels of the right hemisphere were extremely engorged, while the left hemisphere was seemingly anæmic. The sinuses on the left side contained firm decolorized clots, while those on the right side were free. The arteries were examined

as far as the second bifurcation, and no obstruction was found. Both sides of the heart contained large, firm, closely-adherent clots, which occurred, as Dr. Holt believed, ante-mortem. The kidneys showed white infarctions in a marked degree.

#### **Multiple Myoma of the Stomach and Bladder.**

Dr. R. Van Santvoord presented specimens removed from the body of a man seventy years of age, who entered the hospital about two days before death. He was suffering chiefly from dyspnoea. There was considerable fluid in both pleural cavities, and a loud systolic murmur of uncertain origin. He died apparently from dyspnoea. The autopsy showed pleurisy and fibroid phthisis. The lesions of chief interest, pathologically, were in the stomach, rectum, and bladder. The stomach was eight inches long, and a saddle-shaped neoplasm, two and a half inches in length and breadth, and about half an inch thick, occupied the lesser curvature; it was apparently situated in the muscular layer, and was composed of muscular tissue. The capsules of the liver and spleen, and the mesenteries, were thickened, and adhesions had formed among the abdominal organs. The liver and spleen were considerably diminished in size. The vessels of the kidneys were in an advanced stage of fibroid degeneration. The bladder contained a circular tumor, one inch in diameter, one-fourth of an inch thick, presenting the appearance of a muscular growth. There was also a similar tumor in the wall of the rectum, which was adherent to the base of the bladder by an old process. The aorta was markedly calcareous; the cerebral vessels were very brittle.

#### **The Physical Signs of Pneumonic Consolidation of the Anterior Edge of the Upper Lobe.**

Dr. Van Santvoord also presented specimens removed in the case of a man who said, on entering Randall's Island Hospital, that he had been sick seventeen or eighteen days with cough and some fever, but no expectoration. Dr. E. D. Maxwell found marked dullness over the upper lobe of the lung, flatness over the lower lobe, absence of respiratory murmur over the lower lobe, and marked amphoric breathing above. The following day amphoric breathing had disappeared over the upper lobe, bronchial breathing having taken its place; flatness had disappeared over the lower lobe, and there was bronchial breathing where there had before been absence of respiratory murmur. The urine contained albumen to the extent of

about one-eighth of its bulk, epithelial and blood casts, and free blood. The last day of his life the patient had three epileptiform convulsions, and died in a state of coma. At the autopsy the arachnoid was found thickened by a chronic process, the pia was infiltrated by a somewhat gelatinous-appearing lymph, which was infiltrated with pus, covered the whole of the brain, and extended into the spinal cord. There was gray hepatization of the right upper lobe, of particularly firm character, and differing from that ordinarily seen in the upper lobe, in that it approached very nearly the anterior edge of the lung. This point was interesting in connection with the physical signs. Dr. Janeway had called attention to the fact that in pneumonias of the upper lobe, in which the infiltration extended almost or quite into the anterior edge, there was frequently not only amphoric respiration instead of bronchial, but also cracked-pot percussion note; the explanation being that the firm wedge of lung lying over the bronchus transmitted cracked-pot sound from the bronchus. The left ventricle was hypertrophied, and in this case the radial arteries were markedly atheromatous, while the other vessels were only slightly so. The kidneys contained a few cysts. The gross appearance was that of chronic diffuse nephritis. The condition of the urine before death indicated an acute nephritis.

The President presented specimens of

#### **Congenital Tumors in Front of the Antetragus.**

The father had the same kind of tumors, also his sister, and the growths were evidently hereditary. The specimens were referred to the Committee on Microscopy.

#### **Tubercular Testis.**

The President also presented a specimen accompanied with the following history:

David D., 55 years of age, married, a native of Holland, a cutter by occupation, was admitted to Mt. Sinai Hospital December 7, 1885. He had had a hernia on the left side for twenty-five years. About seven months ago his left testicle became enlarged and was slightly painful. The swelling increased gradually, and was treated, but did not improve. About six weeks ago the swelling began to extend upwards into the inguinal canal, and became harder and more tender. The patient has always been more or less constipated. He has had slight abdominal pains, and almost continuous pain just below Poupart's ligament. He had a chill yesterday. He had a perineal abscess

two years ago, due to a piece of wood he had swallowed with bread, and which appeared in the abscess. His previous health had been good. He had been treated lately for posterior spinal sclerosis. His family history was negative.

On examination, the tumor was as large as a man's fist, and evidently contained fluid. The diagnosis was, possibly, hydrocele, or simple periorchitis. The symptoms of strangulation were not clear, and it was thought best to cut down upon the mass with reference to the condition of the testicle, to the possible existence of hernia, and with a view to removing the fluid. The incision was made, and Dr. Wyeth found a double cyst. The first was outside the cord, and discharged from one to two ounces of fluid; and inside of that was a second cyst, which discharged four ounces of serous fluid. There was no hernia. On examining the testicle, it was found to be very much enlarged and nodular—the epididymis as well as the body of the organ. The testicle was removed.

The surgical point of interest was that it could not be determined whether the tumor was a hernia, or an enlarged testicle, or a hydrocele. The specimen was referred to the Committee on Microscopy.

#### **Peculiar Cases of Intermittent Fever.**

In the *Genio Medico-Quirurgico*, Dr. Palop records two cases of intermittent fever, in which he was able to discover and remove the cause, producing instant cure. One case was that of a young man who suffered from a peculiar fever, which ran through a regular cycle of modifications every week. On Sunday he would be seized with a cold stage lasting an hour, followed by a severe hot stage, with copious sweating and pain on the left side of the head. On Monday he had no fever, but the pain remained unchanged until the Tuesday or Wednesday, when it increased and spread over the whole head, without any improvement taking place until Saturday. Drugs proved of no use, and no relief was obtained until a small fluid tumor behind the left ear was discovered. On being cut into, a small quantity of blood and pus was evacuated, and a dermoid cyst found; this was removed, and the patient was relieved of all his febrile symptoms. The second case was that of a laborer, attacked with fever of a tertian type. Quinine proved useless, and the symptoms continued until an inflamed bursa over the patella was aspirated; as soon as the pus was removed, fever subsided.



## EDITORIAL DEPARTMENT.

## PERISCOPE.

**Professor Verneuil on Surgical Ethics.**

In his address before the French Association pour l'Avancement des Sciences, at Grenoble, Professor Verneuil gave his audience some excellent hints on the ethics of surgical practice. "When the inefficacy of pharmaceutical and hygienic measures has been proved," said he, "and a necessity arises for operative procedures, choose always—and this is an inviolable rule—the least dangerous operation, *actum minoris periculi*, and do not be swayed in your choice by the natural reluctance of the patient, or the interested entreaties of either relatives or heirs, nor, above all, by any thought of the great trouble you may incur with but small recompense in the way of fees. Understand, too, that the least dangerous operation may in some instances be the boldest, the most radical, and apparently the most destructive. There are some maladies of the limbs in which amputation is ten times more conservative than resection, and a hundred times safer to life than expectant treatment, however attentive. In some cases of stone in the bladder, lithotripsy is much more dangerous than cutting. Ovariectomy also is infinitely more benign than repeated injections of iodine. . . . When a decision has to be made between two or more rival operations, a simple criterion is to put in the first place efficacy, in the second harmlessness, and in the third facility. There is also a second criterion still more valuable, and so simple that it can be applied in a few minutes, without any lengthened experience in practice or extensive learning, and without being acquainted with the procedures in favor at the moment in Vienna, London, or Berlin. I mean the gospel principle of doing to another what one would have done to one's self or one's own. Numbers of parents to whom I have urged the necessity of some operation on their child have, after exhausting a large stock of arguments, finally put to me the question, "What would you do, doctor, if it were your own child?" This question has never caused me the least embarrassment, for during the last thirty years I have been in the habit of putting it to myself throughout my practice in the town, in the hospital, with poor as well as with rich patients—every time, in fact, when I have had to de-

cide on the performance or otherwise of operative measures. . . . Of 100 possible operations, twenty are imperatively necessary, twenty are positively inadmissible, and the remaining sixty may be performed or not, according to circumstances; and surgeons may and do err in each of these classes of cases. . . . It is in surgery as in other branches of our activity. Everywhere competition is active and severe, showing no mercy, every one wishing for the first place. From the time of Guy de Chauliac to the end of the last century, France incontestably led the way. England, Italy, and Germany entered the lists later, but are now disputing with her for the first place. Some writers on both this and the opposite side of the Atlantic affirm that we have fallen behind, doubtless because we show ourselves more solicitous about the lives of our neighbors, and make more difficulty about cutting other people to pieces, than they do. You will notice that it is precisely in those countries where there is the greatest indignation against our experiments on animals, that we are accused of timidity and senility in our surgery."

**Camphor Intoxication.**

The *Quarterly Journal of Inebriety* tells us that in a late number of the *Annales Medico-psychologiques*, a long account is given of some unusual symptoms following an overdose of camphor, which lasted months after. The close resemblance to many cases where, after the first profound intoxication, the nerve and brain disturbance continued for months, will be apparent to all our readers. The case was a young man with no heredity of nerve disease, and in apparent good health, who for a slight catarrh and insomnia, took, by mistake, 300 grains of camphor. Soon after, he seated himself at the dining-table, felt chilly, lost power of speech, was bewildered, and finally cried out that he was crazy. A physician was called and an emetic given, which brought up much of the camphor. He was taken to his room, and, excepting some chills and hallucinations of vision and sensations of trembling, he recovered and was out in two days at his work again. Three weeks later, he suffered from severe headache, and had a well-marked hysteric sensation of choking, and, when in bed, suffered from a sickening sensation of

swinging. Later, exact ideas of time were lost, everything seemed new and at the beginning. Although able to work, all events seemed new and strange. Sensation of his height became perverted. He thought he was higher than the houses, and suffered at the thought of the great disadvantages of his height. By striking himself on the head, he felt better. He went to an asylum, and was better at first, but finally fell into a mechanical state of existence. Was contented with everything, had no care for himself or any one, would talk and seemed to realize what was said, but had no interest, or continued memory of events. Two weeks later, he recovered and went about as usual. After six weeks' residence, went home, and, on greeting his family, was thrown into a trance state, in which he could not talk or act, but yet fully realized what was said and done about him. Two weeks after, from some excitement in his family, he had another trance state, and came out of it very weak and trembling. For a long time after, he was conscious of an unstable brain, which seemed balanced on a very slight point, likely any moment to turn over. Fragments of conversation went whirling through his mind, and at times his surroundings were all perverted. He would walk round and never remember what he was doing or where he was; was somnambulistic. From this time the case continued to recover. The disorders of sensation, and hallucinations of the senses, which he seemed to partially realize, pointed to central brain disturbance, that was undoubtedly the beginning of very grave lesions. This poisonous dose of camphor either kindled into activity a latent nerve defect, that was a legacy from the past, or it produced some cell changes in the great centres. This emotional instability, with disordered and changing sensations and hallucinations, presenting the most diverse and complex symptoms, are often seen in inebriates, although they have been months free from spirits. In other cases it follows a single paroxysm of intoxication, and lasts for months or years.

#### Acute Inflammation of the Occipito-atlantal Joints, with Pyæmia.

Mr. C. A. Ballance (*Lancet*) records a case of this disease with the following history: The patient was a boy six years of age, with a good family history. Four days before coming under observation he suddenly complained of pain in the neck, and kept his head quite stiff. The pain and stiffness had increased, and had prevented his sleeping at night. The spine was rigid, and the head

and neck were only moved with the rest of the body. When the head was touched the child cried out, and slight pressure on the vertex or any attempt at rotation caused great pain. On examining the back of the neck, some fullness and marked tenderness were found to exist on either side of the median line in the region of the occipito-atlantal joints. On laying the hand upon the part, it was evident that the temperature was raised above that of the surrounding skin. The temperature at the time of the first observation was 100.5° F. The child was put to bed and his head fixed with sandbags and pillows. The temperature in the evening rose to 102.5°. The subsequent clinical record shows a very rapid downward progress. The next day the temperature varied from 102.5° to 103.5°. The boy could obtain no rest on account of the pain. On the third day the swelling, which had been noticed on either side of the neck, had become much more pronounced. Two days later, the whole neck was cedematous and greatly swollen, and the points from which the inflammatory process had spread were very hard. Into the brawny region an incision was made and carried down until the knife touched the transverse processes of the atlas. No pus was liberated, but in a few hours a great deal of serum had oozed out. The neck on the following day had resumed its normal size, but the patient was no better. On the twelfth day of the disease the elbow joint was painful, and soon fluctuation was detected. The patient died two days later of pyæmia—on the fourteenth day after the first symptoms of the disease. On post-mortem examination, the capsules of the occipito-atlantal joints were found to be distended, and, when an incision was made into them, fetid pus escaped. The joints were completely disorganized; the synovial membrane was swollen and injected; the cartilage had for the most part disappeared; the bony surfaces entering into the joints, which had become exposed by the solution of the cartilage, were superficially carious. The occipito-atlantal joints were alone involved in the disease. Pus was found in the elbow joint.

#### A Case of Quintuple Labor.

In the *Meditz. Obozrenie*, Fasc. x., 1885, p. 1015, Dr. F. Poliakoff describes a rare case of quintuple labor which has lately taken place in the village Sarai, Sapojok district, Riazan Government. The patient, a peasant woman aged twenty-seven, who had been married nine years and delivered six

times (at full term, and each time a single foetus), came to the Sapojok Zemsky Hospital in the beginning of February (about five months after her last catamenia) on account of enormous enlargement of her abdomen, which caused extreme difficulty in breathing and general weakness. On examination, the fundus of the oblong-round uterus was found at the highest level of the epigastric region; feeble fetal cardiac sounds were heard in the right hypochondrium; there were felt some small fetal parts on the left of the linea alba. In view of the enormous size of the womb, plural pregnancy was suspected. On February 28, in the evening, uterine contractions commenced; and on March 1, at eight o'clock a. m., labor ensued. The patient was delivered of five female foetuses, which followed one another at the intervals of a few minutes, two of them being in pelvic, three in head presentations. Each of them was enclosed in a separate sac (unruptured amnion). The first foetus (a monster) was dead; the remaining four were alive, but died soon after rupturing their sacs. The placenta, which was single, and weighed 585 grammes, was squeezed out after Credé's method. There were five amnia and a single chorion, common to all; the umbilical cords were attached along the margin of the placenta. Four of the foetuses were normally developed, their individual weight being about 590 grammes, and their size varying from 29 to 31 centimetres. The fifth measured 41 centimetres in length, weighed 934 grammes, and presented considerable anomalies (elephantiasis-like swelling of the integuments of the head, microcephalia, defective numbers of fingers and toes, etc.). The umbilical cord of the monster contained only two vessels (one artery and one vein), while the cords of the remaining four foetuses consisted of three vessels. These rare specimens have been presented by Mrs. A. M. Klausmann, the midwife in whose practice the case had occurred, to the pathological museum of the Novo-Ekaterinensky Hospital.

#### A New Method of Giving a Bath in Typhoid Fever.

In an article on this subject in the *Therapeutie Gazette*, Professor H. C. Wood says:

As is well known, the great difficulty in the use of the bath in fevers is the trouble which is involved in moving the patient in and out of the bath-tub. The following simple device will in great part remedy this trouble, and also save the necessity of providing a portable bath-tub. The canvas of an ordinary bed-cot is to be made three or

four inches wider than it is ordinarily arranged, and a broad board nailed at each end so as to hold the cot permanently open, and project above it several inches in the form of a head- or foot-board. This cot is then arranged alongside the bed of the patient so as to be on a level with the bed, and at the same time firm. Over it is spread an India-rubber cloth sufficiently large to cover it entirely, and to fall above and below over the head- and foot-board. The patient, wrapped in a sheet, is then slipped on to the cot; of course the canvas sags down, and when water is poured over the sheet the man lies half immersed in a pool. If the attendant is provided with two tubs, one containing water and one empty, and also with a large bathing-sponge, the water in this pool heated by the body can be removed by means of the sponge, and fresh cold water soused over the body enveloped in the sheet. In this way the water lying continually between the sheet and the body, as well as saturating the sheet, so envelops the person that the effect of a cold bath can be achieved, and I have seen very rapid reduction of obstinate high temperatures. If the bed upon which the patient lies be a very wide one, instead of a cot being used the mattress can be so arranged on one side as to sag down sufficiently to form a hollow for the pool, and in this way the bath be given.

I notice that Stephen, of St. Petersburg, affirms that the application of ice-bags over the supra-clavicular regions is sufficient to control the temperature in fever, owing to the fact that the cold is brought into close contact with much of the blood of the body by the large superficial veins of the neck. I have had no experience, however, of this method of reducing temperature, but it is worthy of a trial; especially as it seems to be safer to reduce temperature in low fever by external cold than by our at present known depressant antipyretic drugs.

#### Chancrous (Chancrelleux) Bubo.

In a note communicated to the Société de Chirurgie, M. Diday agrees with M. Horteloup in supporting the view of the occurrence of virulent bubo by absorption, and refers to his own case as one in point. M. Diday, many years ago, inoculated himself on the sheath of the penis with chancrous pus, the result being a chancre which subsequently became phagedenic, and was accompanied by a chancrous bubo. Neither M. Diday nor M. Horteloup denies that some virulent buboes are due to accidental inoculation of

the open surface after opening, but both authors contend that such cases are exceptional. To those who consider them the rule, M. Diday puts the following questions:

1. The treatment of buboes of all kinds by blistering being so common, why do not those blistered surfaces become inoculated?

2. If a bubo, after incision, were inoculated from without, the chancreous erosion ought to start from the point touched by the pus, whereas the chancreous characters always show themselves simultaneously throughout the whole extent of the incision.

3. When the edges of an open bubo become chancreous, this transformation of a simple wound into a specific ulcer occurs always about the fifth or sixth day. Now, if this change were due to accidental inoculation of the wound, why does it never take place after the first week?

4. Besides buboes, of which one may predict that they will become chancreous, there are also strumous buboes, of which one may say with confidence that they will not become so.

A patient with such a bubo has also a chancre (*chancrelle*). He is in a venereal hospital, exposed to all kinds of risks of accidental inoculation, yet the bubo that is strumous in its origin remains strumous to the end.

#### Subcutaneous Division of the Sphincter Ani.

In the *Med. Times and Gazette*, Mr. Pick recommends the plan of dividing the fibres of the sphincter ani by a subcutaneous incision, in cases of spasm of the rectum and fistula in ano. The author records the case of a man who suffered from intense pain and spasmodic contraction of the sphincter ani after each action of the bowels. No structural lesion could be detected, and it was determined to divide the sphincter subcutaneously. This was done by inserting the left forefinger into the rectum, and then introducing a tenotome through the skin about a quarter of an inch from the anal orifice; by means of the finger in the rectum, the point of the tenotome was carried up beneath the mucous membrane, until it was well above the upper edge of the sphincter muscle. The tenotome was then turned round, and the fibres of the muscle were divided until no resistance remained. After the operation, the patient's bowels were confined for 48 hours by means of opium; then a copious enema was given, producing a good evacuation without any pain. From this time, the patient was perfectly relieved of

his trouble. The author also records three cases in which he has divided the fibres of the sphincter ani in this manner before operating for piles, and considers this a better plan than that of forcibly stretching the sphincter with the hand.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. Frank L. James, Ph. D., has severed his connection with the *National Druggist*, and has accepted the position of editor of the *St. Louis Medical and Surgical Journal*. His intimate acquaintance with medical journalism will undoubtedly be displayed to advantage in his new field.

—The *Journal of Cutaneous and Venereal Diseases*, published by Wm. Wood & Co., has at present as editor Dr. P. A. Morrow, in place of Dr. Piffard, who has retired from its management. Under his care, it won for itself a high reputation, which we trust will be maintained.

—In a pamphlet of 43 pages, Dr. Joseph E. Winters, of New York city, discusses the nature and treatment of diphtheria. He is opposed to mercurials, and relies on large doses (3j-3ij every hour or half hour) of tinct. ferri chloridi, with full nutrition.

—The Illinois State Board of Health has issued its "Conspectus of Medical Colleges in the United States and Canada." It contains a large amount of information on medical education not elsewhere accessible.

—The annual report of the Supervising Surgeon General of the Marine Hospital Service makes a volume of 180 pages, replete with statistics, tables of epidemic visitations, descriptions of cases, etc. It indicates conclusively the prosperous condition of this branch of the service, and its great value to the country.

—The Transactions of the American Dermatological Association at its last meeting appear in pamphlet form in a brochure of 47 pages. Papers are given in abstract by Drs. Hardaway, White, Hyde, Duhring, Denslow, Heitzman, Taylor, Stellwagon, and others, with the discussions they elicited. Many interesting facts were brought out.

—A number of decisions under the laws against malpractice in the State of Illinois, have been reprinted in pamphlet form by the



Board of Health of that State. They form a valuable body of precedents for the government of the relations of the medical profession in general.

—A German physician, Dr. August Schott, has written a little pamphlet on the treatment of chronic heart disease, which deserves general notice (*Zur Therapie der Chronischen Herzkrankheiten*, Berlin, 1885). He demonstrates by the records of a series of cases the advantage of systematic gymnastics and bathing on this obstinate and dangerous class of affections. We ourselves have long been convinced of the general truth of these doctrines, but we have not seen them elsewhere so well or so positively set forth.

—The Lancaster County Pennsylvania Medical Society has published a memorial address on the late Dr. John L. Atlee, written by Dr. J. L. Ziegler. It is a merited and appropriate tribute to one of the most distinguished physicians of Pennsylvania.

#### BOOK NOTICES.

**A Treatise on the Diseases of Infancy and Childhood.** By J. Lewis Smith, M. D., Clinical Professor of the Diseases of Children in Bellevue Hospital Medical College, New York. Octavo, 867 pages, 40 illustrations. Cloth, \$4.50; leather, \$5.50. Philadelphia, Lea Brothers & Co., 1886.

That this is the sixth edition of this work is evidence enough of the excellence of its preparation. In this edition so much has been added and changed in accordance with the progress of the branch to which it is devoted that the author observes "a considerable part of the book may be considered new." Some of the most important articles, as, for instance, those on scarlet fever, croup, and cerebro-spinal fever, have been entirely rewritten. No doubt the popularity of the work will continue unabated.

**A Hand-Book on the Diseases of the Nervous System.** By James Ross, M. D., F. R. C. P., LL. D., Senior Assistant Physician to the Manchester Royal Infirmary, etc. Octavo, 726 pages, 184 illustrations. Cloth, \$4.50; leather, \$5.50. Philadelphia, Lea Brothers & Co., 1885.

The author of this volume is a Manchester physician of a wide range of observation, who has given prolonged study to his specialty as a neurologist. His work is divided into two parts, the first treating of general, the second of special neurology.

The former describes the anatomy, physiology, and pathology of the nervous system, and the general symptoms and treatment of its diseases. Following this, the various special diseases are enumerated and described. The author's style commends itself for its simplicity and clearness, in which it stands in advantageous comparison with the German writers on the subject. His work will undoubtedly be read with pleasure by the general profession, for whom it is prepared.

**How We Treat Wounds To-day.** By Robert T. Morris, M. D. Pp. 161, 12mo. G. P. Putnam's Sons, New York.

The subsidiary title of this work explains it as "A Treatise on Antiseptic Surgery which can be Understood by Beginners." The author puts in the shortest space and in terse and occasionally eccentric English, the plainest directions as to the treatment of wounds by the modified Listerian method. His instructions are clear and sound, and can be read with profit by those not acquainted with the details of this plan.

**Lectures on Syphilis, Delivered at the Chicago College of Physicians and Surgeons.** By G. Frank Lydston, M. D. 12mo., pp. 184. Chicago. A. M. Wood & Co.

The class lectures here reported originally appeared in a medical journal, and have been reprinted with some emendations. They present an epitome of the modern views of this disease and the general principles of its treatment. While offering nothing new, they fairly represent the topic.

**Tablets of Anatomy.** By Thomas Cooke, F. R. C. S., etc. Fourth Edition. 8vo., pp. 294. Longmans, Green & Co., London.

The object of these "Tablets" is to present to the student a list of the anatomical parts of each division of the body in the most conspicuous manner possible, and so arranged as best to serve the memory. The plan seems to have been judicious, if we may judge from the fact that this is the fourth edition. The printing and display are well chosen.

**Transactions of the Medical Society of the State of Pennsylvania.** Vol. xvii., pp. 514. Published by the Society.

This volume, equally satisfactory in its contents and manufacture, is an evidence of the activity of the Society and its constantly increasing strength from year to year. In our report of the last meeting, we gave so full notices of the more important papers, that we need not at present enlarge upon them. Several of them are accompanied with maps, and there are few among them which do not reflect credit on their authors and on the Society.

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### THE INHALATION OF DUST.

Dr. J. Arnold, in an interesting series of observations, has endeavored to determine the effect of the inhalation of all kinds of dust particles contained in the air we breathe (*Deutsche Med. Zeit.*, Dec. 21, 1885). For this purpose he employed every variety of dust, soot, emery, fine dust of sandstone, ultramarine, etc., and in the animals experimented upon he found these substances again in the trachea, the bronchial tubes, the air cells, and finally in the parenchyma itself of the lungs. These particles, therefore, penetrate through the epithelial covering and the walls of the air-cells, and from some observations of the author, it seems to be proved that these particles pass between the epithelia of the air-cells, whence they advance along the lymphatic vessels, and ultimately reach the bronchial glands.

When the inhalation of these various substances was discontinued, the dust was gradually removed from the lungs, until, if the animals lived long enough, finally not a particle of dust remained in the lungs. This favorable result was more rapidly obtained in vigorous animals than in those debilitated from any cause whatever, and this absorption progressed the slowest in those where the condition of the glandular system seemed to indicate a state similar to that observed in scrofula of the human being.

The dust is partly carried totally off, and partly deposited in the bronchial glands. The plain dust usually finds the limit of its further progress in these glands.

Arnold's experiments also prove that the dust thus carried into the parenchyma of the lungs and into the bronchial glands, never proceeds further into the system to remote organs; and the cases therefore, where the so-called dust metastases were met with in the liver, the spleen, and other internal organs, need a different explanation from that formerly given. A clear evidence of this fact we find in two well-known diseases: stone-mason's and miner's lung. The fine particles of sand-dust inhaled by a stone-mason, and gradually accumulating in the lungs in such a quantity as to cause the death of the individual under symptoms strongly resembling those of tubercular pulmonary phthisis, and the fine coal-dust, which so frequently affects the lungs of miners in coal-districts in a similar manner, are never found in any other organ. But the experiments of Weigel and Roth have proved the existence of veins in connection with the bronchial glands, and when such a gland becomes irritated from the foreign particles it contains, which

it, however, only does in persons with a tendency—inherited or acquired—to bronchial enlargement, these same particles may proceed further, reach the thoracic duct, and from there any other part of the system.

The tubercle germ is either carried directly into the lungs with the dust inhaled, or the irritation and inflammation caused by these foreign substances prepares the soil most suitable for the further development and maturity of the germ. If individuals with such dangerous occupations would simply wear a so-called respirator—a fine sieve-like net, made of gold wire (to prevent rusting), and covered with black silk, and placed over the mouth—or make use of a similar contrivance, the diseases above-mentioned might be easily prevented; but it is peculiar that mechanics all the world over are very stubborn in the adoption of any such preventives. How many coal-miners still neglect to carry a safety-lamp or are negligent in its use, and how few impregnate their clothing with some fire-proof mixture to escape the dreadful dangers from the burning of exploded gas!

All that physicians and representative medical journals can do is to draw the attention again and again to methods by the employment of which dangers to health and life might be avoided; but if those most interested in their use continue stubbornly to refuse these protections, it becomes the duty of the law-makers to force such men to do what is intended for their benefit alone.

#### THALLIN, ANTIPYRIN, AND KAIRIN.

The MEDICAL AND SURGICAL REPORTER has kept its readers well informed of the investigations which have been made during the last year, especially in France and Germany, concerning the effect of the three new anti-febrile remedies—thallin, antipyrin, and kairin. There is no doubt that all of them decidedly influence the high temperature occurring in febrile diseases, but the point has not yet been determined in what cases the first antipyretic, and in what other diseases the second or third, is indicated.

A debate was, therefore, of great interest, which took place November 3, in the Paris Academy of Medicine, as it referred to the action of the three drugs mentioned. In a previous meeting, Dr. Jaccoud had pronounced the opinion that thallin was by far preferable to antipyrin, but that both possessed no therapeutical value, and should be discarded.

Dujardin-Beaumetz took up the subject, and

maintained that just the opposite was true. Antipyrin does not cause any disagreeable effects, while thallin acts upon the vascular system, and diminishes the temperature by decreasing the respiratory power of the blood. Thallin can, therefore, not be employed in infectious diseases, where the blood already is altered. The same may be said with regard to kairin.

Antipyrin greatly differs from both. It has no influence whatever upon the malady itself, and one may use it, for instance, in typhoid fever, so as to reduce the temperature to the normal without diminishing in the least the gravity of the disease or its duration. Some patients cannot take antipyrin, as it causes in them profuse perspiration, which greatly lessens the strength of the sufferer. But this admitted, Dujardin-B. praises its usefulness in tubercular consumption, where he has derived great benefit from its administration, and also in septic fevers, where it is more to be relied upon than either quinine or salicylic acid.

In tubercular phthisis life is shortened and the general malaise of the patient increased by a high temperature; and as the latter can be completely controlled by antipyrin, this remedy does not only prolong the existence of phthisical individuals, but it also greatly augments their comfort.

The debate ended by those present agreeing that of the three new antipyretics—antipyrin, kairin, and thallin—the first merits preference; that all three reduce the temperature, but that antipyrin has the least disagreeable effects, and that none of the three drugs is able to change the character or the course of the disease, or to influence the prognosis in the least.

#### THE PREPARATION FOR SANITARY LEGISLATION.

A society has been formed in France for the extirpation of dogs which are allowed to run loose without muzzles. The method is simple. Each active member is provided with small balls of meat, in the middle of which is placed a lethal dose of strychnine or other rapid poison. The ball is tossed in tempting nearness to any unmuzzled cur which may be met, he gobbles it down, and in a few minutes the community is rid of this possible source of rabies. The society addresses itself to a laudable end, and it would be a benefit to humanity if it would extend its branches well over the world.

But apart from this, the fact quoted indicates in what manner it is desirable for the

community to be prepared for the reception of sanitary laws. Here more than elsewhere the general rule advocated by Auguste Comte comes into play. The community should be prepared for such legislation by previous instruction, before such enactments are actually spread upon the statute books. The instructors to whom we must look to prepare the public mind are primarily the members of the medical profession. Hence arises the importance that education in the principles of hygiene and sanitation should form not merely a part of the curriculum of the student, but should be a regular subject of reading for the practicing physician.

In spite of these obvious facts, few physicians take much interest in these topics. Books on sanitary themes are notoriously dull of sale, and journals devoted to them are little supported. Let us hope that the near future will see a change in these respects.

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## NOTES AND COMMENTS.

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### Disease of the Umbilicus in the New-born.

Dr. Ludwig Fürth had the opportunity to study a large number of cases of disease of the umbilicus in the new-born in the Vienna clinic. From his report in the *Wien. Klin. Wochenschr.*, 11, 12, 1885, we translate the following:

"Simple, but more successful than anything else, is the following cure of umbilical hernia, which has never been known to fail in the Vienna general clinic: Small square pieces of soft linen are put up in pyramidal shape over the hernia; in their centre a linen button (common button spun with linen, as generally met with in drawers for men) is so applied that the button—which must be of the exact shape of the opening—just closes the opening, and finally the whole is fastened with a suitable linen abdominal bandage. Gradually, as the opening by contraction diminishes in size, a smaller button must be selected. If this procedure is faithfully carried out, the uniform result at the Vienna clinic is a proof of its success."

Excoriation, blennorrhœa, and ulcer umbilici, demand a treatment with astringents. The best method is first lightly to touch the affected part with the solid nitrate of silver; then a salve consisting of one ounce of benzoated zinc ointment, a drachm of Peruvian balsam, and four grains of carbolic acid, is locally applied with patent lint, and when almost healed, but evincing great slowness

towards the end, the part is washed twice daily with aromatic wine, and this application is then followed by the salve.

The real sarcomphalus, consisting in the formation of granulations, is thus treated: if they are large enough a ligature is applied, otherwise they are touched with nitrate of silver.

Inflammation of the umbilical artery is not rare. A development from it of erysipelas has never been observed in Vienna. Here, too, it is well occasionally to touch the inflamed part with nitrate of silver; in the interval, astringents and antiseptics should be applied.

Umbilical phlebitis is a dangerous disease. It mainly attacks debilitated infants, and is apt to give rise to erysipelas and phlegmonous abscesses, though we believe that the phlebitis itself is already caused by the infectious material causing the last-named maladies. Our art is here powerless; when once developed, it generally ends fatally. We can only try to prevent infection by strict antiseptia.

Concerning bleeding from the umbilicus, it is rare, and generally happens between the fifth and tenth day. It is often accompanied by icterus, and if real hemorrhage, admits invariably only a doubtful diagnosis. The only good result W. has seen was from a ligature en masse.

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### Prophylaxis and Treatment of Thrush and of Intertrigo in Nursing Infants.

The Obstetrical Clinic in Leipzig has published for years special reports concerning the results of observations made on infants. Dr. Aug. Wolff has recently recorded the experience gained at the clinic in thrush and intertrigo of nurslings (*Arch. f. Gynæk.*, Bd. 24, Heft. 3, 1885).

It is well known that infants prematurely born and such otherwise debilitated, especially suffer from the diseases mentioned, if the cleanliness doubly necessary in such infants is not scrupulously carried out. Occasionally, but not often, both maladies attack the same infant. While the development of thrush is undoubtedly connected with the mode and manner of nutrition, the latter has scarcely any influence on intertrigo, except that nurslings suffering from intertrigo do not grow so well, and are specially liable to intestinal catarrhs. Thrush may become dangerous in consequence of its interference with the nursing of infants, while intertrigo, even in its gravest form, never becomes a fatal complaint.

To avoid the breaking out of aphthæ or



thrush, the buccal cavity of children is cleaned several times a day by the aid of a soft linen rag dipped into pure cold water; milder cases of the disease are treated in the same manner, while in graver forms the affected spots of the cavity are brushed over with a camel's-hair brush, saturated with a solution containing five parts of borax to twenty-five parts of pure honey. It has generally been supposed that honey favored the development of the spores giving rise to aphthæ, but the experience at the Leipsic clinic seems to have proved the contrary, while it greatly assists the treatment, the most irritable infants not objecting to the application after it has once been made; while the addition of glycerin, though also bestowing upon the solution a sweetish taste, has the drawback of causing a heating sensation, generally very disagreeable to the young sufferers.

Intertrigo is also prevented by frequent ablution with cold water; if the disease shows itself in a higher degree, the parts are covered with cotton wadding, which has been deprived of its fat (absorbing cotton). No medicine whatever, either externally or internally, is administered, but the results have been uniformly favorable, and such as to compare well with those obtained in other institutions.

#### Ammonia in Anthrax and Carbuncle.

Dr. Leonidas Averdano, in a paper read before the Union Fernandina, a Lima medical society, testified to the great value of ammonia in anthrax and "carbunculous diseases." Indeed, he expressed his opinion that it "is a specific, and that it should be the only drug used." In cases of malignant pustule, he advises that after an incision has been made, some drops of the official solution of ammonia should be introduced into the wound, with the hope of destroying the bacilli there and of the ammonia finding its way into the circulation before the bacillus does and thus converting the blood into a fluid in which the parasite cannot multiply. In addition, some ammoniacal salt, such as the acetate, should be given internally, and on the slightest suspicion of general infection resort should at once be had to intravenous injections of ammonia, in doses of ten drops of the official solution diluted with an equal quantity of distilled water. In cases of malignant oedema and carbunculous fever, too, "the microbe should be attacked directly in the blood, ammonia being injected into the circulation." The author detailed several

cases in which immediate improvement and ultimate recovery had taken place in patients apparently moribund, by the use of repeated ammoniacal intravenous injections. He concluded by claiming for Peruvian medicine the honor of having suggested and proved the value of intravenous medication in no less than four different diseases: Dr. Leno Alarco having first injected chloral in tetanus, and ammonia in septicæmia or purulent infection; Drs. Armando Vélez and F. P. del Barco having employed capsicum injections into the veins of yellow fever patients; and Dr. Néstor Corpancho and himself having originated the treatment above described in carbuncle.

#### Diphtheria Cured by Tolu Varnish.

Dr. Richard Lord thus writes in the *Brit. Med. Jour.*, December 12:

"M. O. L., aged 13, complained, at 2 o'clock on November 10, of malaise. She was in bad spirits, owing to the death of one of her schoolfellows from diphtheria. A saline aperient was ordered, and taken in the evening. Next morning, at 7 o'clock, she said she felt 'all right,' but complained of sore throat.

"On examination, a thick, well-formed, greyish-looking patch, rather smaller than a florin, but of oval shape, with gangrenous edges, was seen over the right tonsil, and on the right posterior pillar of the fauces. At 5 o'clock in the afternoon, the patch had somewhat increased, and two small patches were seen on the other side. The diphtheritic spots were covered with tolu varnish, as recommended in Dr. Morell Mackenzie's work. Tincture of perchloride of iron, with glycerine and chlorate of potash, was prescribed as a constitutional remedy. The patient expressed herself greatly relieved by the varnish, and I applied it twice a day, instead of once, as advised by Dr. Mackenzie. In about forty-eight hours from the time when it was first seen, the membrane began to disappear, and, on the evening of the fourth day not a trace of it remained.

"I may add that it is important that the fauces and tonsils should be first well dried with blotting-paper. The solution can be most conveniently applied with a camel's hair pencil fixed into a long wooden penholder, as supplied by Messrs. Maw. The method of treatment which I have found so successful in this case being, I believe, little known, I think I shall be doing a service to my brother practitioners in placing it on record."

### A New Disease.

The *Medical Record*, December 26, tells us that Dr. Lutz has observed in the province of San Pablo, Brazil, several cases of a peculiar disease, of which he has never seen a description. It begins with vomiting and diarrhoea, hoarseness and a cough, and frequently coryza and catarrhal conjunctivitis. Then appears oedema of the skin, accompanied sometimes by ascites and a peculiar dermatitis, under the form of an erythema; invading first the lower parts, and then spreading over the whole body in patches of variable extent. This erythema does not disappear under pressure of the finger, and becomes gradually of a dark purple color, and finally black. Desquamation takes place in large strips, leaving a tender epidermis, which, in the negro, is without color. There is fever at the commencement of the disease, and grave anæmia occurs as a sequela. The duration is several months. It begins generally with symptoms of gastro-enteritis, or of bronchitis, and oedema and ascites appear only after several weeks. Of 23 cases seen by Dr. Lutz, 10 died, 6 recovered, and the result in the others was unknown. The disease affects chiefly infants who have been weaned, and is probably due to some special food. The author states that it bears considerable resemblance to pellagra.

### Salt Water Baths in Enteric Fever.

A Russian physician has made a number of observations on the effects of baths consisting of solutions of common salt of various degrees of concentration on the temperature of patients with enteric fever, as compared with those produced by fresh water baths. He finds that in every respect the saline baths are the more effectual, but that 4 per cent. solutions are not materially superior to 2 per cent. or 2½ per cent. solutions. The maximum reductions of temperature with salt baths were, at intervals of half an hour, one hour, two hours, and three hours, 1.9°, 1.4°, 1.4°, 1.1° C. respectively, and after fresh water baths of the same temperature and duration, 1.5°, 1.2°, 1.2°, 0.6° C. The minimum reductions in the case of the saline baths were similarly 0.8°, 0.4°, 0.2°, 0.1° C., and in the case of the fresh water baths 0.6°, 0.3°, 0.1°, 0.1° C. The pulse, too, is further reduced by saline than by fresh water, the maximum reductions obtained being 34 with salt and 26 with fresh water, and the minimum reductions 14 and 10 respectively. There was also a difference in the respirations, amounting to from 2 to 6 per minute,

and it was noted that they became deeper and more regular after the saline than after the fresh water baths.

### The Barometer as a Guide to Health.

Dr. Veeder (*New York Medical Record*, November 7,) observes that the fact is familiar that many persons liable to rheumatism, headache, and similar ailments, are liable to reproduction or aggravation of their pains when barometrical changes take place, and are enabled by means of these pains to foretell changes in the weather. This he attributes to difficulty in the adjustment of the volume and rate of the circulating blood to the varying atmospheric pressure on the surface of the body. Ordinarily the results are not serious; but Dr. Veeder believes that there are cases in which barometrical movements are of prognostic value. He has noted several deaths from apoplexy at times when there were excessive fluctuations of atmospheric pressure, and he believes that at such times over-excitement, over-eating, improper clothing, and the like, may induce most disastrous consequences in those who are predisposed to apoplexy, the weakened blood-vessels being already subjected to unusual strain by unfavorable atmospheric conditions. He recommends, therefore, that those who are advanced in years, or are subject to indications of an apoplectic tendency, should be warned to exercise great moderation in all things whenever mercury is seen to be unusually active in its movements.

### Dislocation of the Ungual Phalanx of the Thumb.

Dr. R. B. Jessup, Jr., of Vincennes, Ind., reports the following rare case to the *Med. Record*:

"Mr. Hoké, a Frenchman, sixty-five years of age, residing three miles south of town, fell into his cellar November 9, 1885, sustaining various bruises of the body and head. He was well enough on the third day to come to town to have his thumb examined. In his fall he injured it, and as seen by me, there was considerable swelling, and the second (ungual) phalanx was immovably fixed in a position almost at a right angle to the line of the first phalanx. Careful examination revealed the articular surface of the second phalanx looking backward, and the phalanx displaced in the same direction. The reduction was simple. Flexion was forcibly made, and at the same time pressure in a forward direction was exerted on the articular surface of the phalanx. This was

seen by another surgeon, and was undoubtedly a case of simple dislocation of the second (ungual) phalanx backward on the first phalanx."

#### Determination of the Sex of the Fœtus.

The possibility of determining or rather of making a good guess at the sex of a fœtus before birth has occupied the attention of a good many observers at various times. One of the latest contributions to the elucidation of this question is supplied by a paper by Señor Juan B. Bidart, who examined 100 cases—ninety-nine in the maternity ward of the San Francisco de Borgia Hospital in Santiago, Chili, and one at home—his own wife, in fact. His observations were mainly directed to rapidity of the beats of the fetal heart at the termination of pregnancy; and the conclusion he arrived at was that when the number of beats is below 135 a minute the child is usually a boy, and when the number is above 145 it is generally a girl. He found that under these circumstances he could diagnose the sex correctly in 92 per cent. of the cases. When, however, the beats were between 135 and 145, it was quite impossible to do more than guess at the sex. Frequent examinations must be made before the rupture of the membranes, so as to obviate the chance of mistaking a temporary irregularity for the ordinary rhythm. Of course, the auscultation must be made in the intervals between the pains, if labor has already commenced.

Dr. Parvin tells us that a friend of his in Louisville holds the same opinion, and is very often correct, but he (Dr. P.) does not place any reliance in this sign.

#### Death from Round Worms.

The *Deutsche Medicinische Zeitung* gives an account of a unique case of what was supposed to be an infectious disease which appeared simultaneously in two brothers, the symptoms being of a gastro-intestinal character. One of them, aged seven, at last died. On examination, a reddened, inflamed-looking coil of intestine attracted attention, lying superficially in the right inguinal region. It appeared to be tense and distended by something, and when opened was found to contain a huge quantity of ascarides lumbricoides, all matted and entwined together, completely blocking up the lumen of the gut. No peritonitis existed, and the rest of the intestine was healthy enough. After this, of course, there was no difficulty in devising a treatment for the survivor, who under a brisk

vermifuge passed some twenty worms, and before long was convalescent.

#### Method of Administration of Hypnone.

The *Med. News* tells us that Vigier, to whom Dujardin-Beaumetz presented a large quantity of hypnone for experiment, makes the following report:

Hypnone is very sparingly soluble in water, and but slightly soluble in glycerine. Its solubility in alcohol permits the establishment of the following formula:

R. Hypnone,	gtt. j.
Alcohol fortior,	gtt. xvj.
Syrup of wildcherry,	gtt. {xvj.
Syrup of orange-flowers,	f. 3j.

Add the hypnone to the alcohol, then add the syrups, mix, and preserve in a stoppered bottle.

The amount of hypnone necessary to induce sleep varies from four to ten drops, taken at one dose. Fractional doses are not efficient.

#### Facial Paralysis.

To a recent meeting of the Midland (England) Medical Society Dr. Suckling showed a man, aged twenty-six, suffering from facial paralysis with inequality of soft palate and deflection of the uvula. Two years ago he was thrown out of a trap on to his head. Purulent discharge followed from both ears some weeks later, ending in absolute deafness and facial paralysis on the right side. The faradaic and galvanic irritability were quite lost, the uvula was deflected to the right, and the posterior pillar of the fauces on the left side was much narrower than on the right. Dr. Suckling considered the palatal changes to be interesting, since Dr. Gowers says he has never seen the soft palate affected in facial paralysis.

#### Pleurisy in Pertussis.

Dr. Zabala, writing to the *Bulletin de Thérapeutique*, August 15, states that during a recent epidemic of pertussis, in which about 30 cases came to his share, he met with two cases of pleurisy in children nine and ten years of age, in which the presence of fluid was ascertained by aspiration. In one of these cases the effusion disappeared after the application of two blisters; while vesication proving of no avail in the other, he succeeded in producing abundant sweating and disappearance of the liquid by means of two hypodermic injections of a centigramme of the nitrate of pilocarpin.

### A Suggestion for Transfusion.

The *Med. Age* says that a St. Louis doctor cut off the tails of two lizards, and by sewing the ends of the stumps together made Siamese twins of the reptiles. Having thus demonstrated the feasibility of the operation, he suggests its utilization as a means of transfusing blood. A vigorous animal, or, indeed, another human being, might thus be attached to a patient demanding a supply of richer blood. The idea is somewhat novel, but, perhaps, not impracticable. The object of the operation having been effected, the isthmus uniting the two bodies could be readily severed.

### Santonin in Amenorrhœa.

We have been taught that this drug was useful in starting up the suppressed menstrual flow, yet Dr. Armand Routh tells us (*Lancet*, January 9) that, having tried it in twenty cases (ten grains on two consecutive nights), he must conclude that it is useless in amenorrhœa associated with chlorosis, when he has often found permanganate of potash useful. In healthy and full-blooded women, santonin seems to have some power in starting a uterine flow, and apparently without causing much pain.

### Pruritus.

Some cases of pruritus of the vulva and anus are of very obscure origin. Neither local mischief, intestinal, vaginal, hepatic, renal, neurotic or other disorders, can be made to account for them. M. Brown-Séquard believes that coffee may have something to do with the production of the condition in some cases, since he has seen relief follow the removal of coffee from the dietary in two instances.

## CORRESPONDENCE.

### Treatment of Carbuncle.

EDS. MED. AND SURG. REPORTER:

In the treatment of carbuncle—a subject lately discussed in your journal—I never use the knife, but make a “crucial incision” (if such it can be called) with caustic potash (a pointed pencil); usually in twenty-four hours—sometimes less—a large portion of the indurated mass will be found to have sloughed, and then, after free irrigation with a syringe charged with carbolic water, I thoroughly mop the remaining portions through the opening with a saturated solu-

tion—almost a thin paste of permanganate of potassa., applying it by a swab of absorbent cotton wrapped around the end of a piece of stick or whalebone—a flaxseed poultice, well covered with powdered charcoal, being applied and changed for a fresh one at night (and next morning if the visits are in the afternoon). I generally have the satisfaction next day—forty-eight hours after the first application with the potash—of finding a clean granulating surface. After another washing with the syringe of carbolic water, if any small portions of the gangrenous growth remain, another application of the permanganate—not necessarily so strong as before—followed by the charcoal poultice, will remove them in a few hours; the carbuncular growth (or destroyed tissue) is gone, and a simple ulcer is substituted which generally heals rapidly. I have followed this method in several cases, and always with most satisfactory results. Of course it is necessary, especially if the carbuncle be a large one, to treat the *patient* also; but the exhaustion of the system is much less during a period of two or three days than it is in a siege of several weeks. I do not remember that I have ever seen a like plan of treatment reported, and the method lately published in your columns seemed to me not quite as good, certainly not as rapid. Although an earnest believer in the benefit of electricity, and especially of treating morbid growths by electrolysis whenever admissible, I doubt if it would be preferable to what I have described in this instance.

L. H. COHEN, M. D.

Quincy, Ills.

### Belladonna Rash.

EDS. MED. AND SURGICAL REPORTER:

In your journal for January 9, 1886, there occurs an article entitled “Peculiar Case of Puerperal Sepsis”—the peculiarity consisting of a rash which is so rarely present in septic poisoning, and which might be so much more easily accounted for by another factor in the case, viz., the use of the belladonna ointment, that I was at once struck by this feature of the case, and was also surprised that so distinguished a practitioner as Dr. Parish, of the Philadelphia Hospital, should not have mentioned at least the possibility of the rash having been due to the use of the belladonna. The relation between the use of the ointment and the appearance of the rash is so intimate that there seems no doubt in my mind that the use of the ointment was the sole cause of the rash. In the language



of the REPORTER: "On the fourth day after delivery the left breast became a little hard, and the milk disappeared. An ointment of belladonna and mercury was applied." And now mark what follows: "The next day a rash appeared on the chest." "In three days the breast yielded to treatment." "Desquamation commenced on the fourth or fifth day from the beginning of the eruption."

Now, in reviewing the above facts, it seems to me rather more than a coincidence that the rash should appear immediately after the use of the belladonna, and that it should first appear on the part to which the belladonna was applied, and that the disappearance of the rash should so closely follow the withdrawal of the drug. From the above, it seems to me that the preponderance of the evidence is in favor of the rash being due to the toxic effect of belladonna, rather than a symptom of puerperal sepsis.

A. F. BODLE, M. D.

*Grand Rapids, Mich.*

#### A Useful Syringe for Travelers.

EDS. MED. AND SURG. REPORTER:—

I desire to call attention to a very useful syringe which has been made for me by Mr. Wm. Snowden, South 11th street. It consists of a large rubber bag, holding twelve ounces or more, according to order, to which can be attached a long rubber tube, with nozzle. The bag is filled at any time (a small funnel being attached), the tube attached, and then clamped so as to make it portable. In this way it is charged, and can be used at any time to suit the convenience of travelers. When charged with peptonized milk, or gruel, or beef peptonoids, the bag can be immersed in warm water, and thus kept at any temperature till required. It has certainly many advantages over many of the bulb syringes, or the fountain syringe. When charged it is always ready for use; can be conveniently carried; the patient can use it herself; there is nothing about it to get out of order, and it is inexpensive.

J. M. KEATING, M. D.,

Visiting Obstetrician to Philadelphia Hospital, and Lecturer on Diseases of Women and Children.

1504 Walnut street, Phila.

#### FOREIGN CORRESPONDENCE.

TIENTSIN, CHINA, Sept. 7, 1885.

EDS. MED. AND SURG. REPORTER:

It might interest your readers to hear of a case of Asiatic cholera I have had.

I was asked by Rev. Mr. Corbett, on the morning of August 26 last, if I would go see his cook, who had been suddenly taken with violent cramps. I went immediately to the hovel in which he lived, and found him stretched on a kang (Chinese brick bed), apparently suffering greatly, eyes distorted, cold and clammy skin, feeble, almost imperceptible pulse, frequent vomiting, and had had six watery stools in a few moments. I thought he was probably suffering with cholera morbus, although there was no history of the ingestion of any unusual or indigestible article of diet. I prescribed morph. sulph. gr.  $\frac{1}{4}$ , brandy  $\frac{1}{2}$  ounce, and mustard poultice to the abdomen, and left, saying I would return in an hour. In a half hour, however, I was sent for, as he was much worse. I found him in a terrific convulsion, so that it took five men to keep him on the kang. I had the men rub him well with brandy while I was getting my hypodermic syringe ready, and as soon as ready I injected morph. sulph. gr.  $\frac{1}{4}$  into his left arm. As soon as the convulsion wore away, I attempted to give him more brandy, but he could only take it with great difficulty, owing to the muscles of the tongue being partially paralyzed. I thought he would die every moment, for his eyes were fixed and he was entirely unconscious; but I ordered the men to keep on rubbing him with the brandy. I now "took in" the case, and appreciated its nature; after a half hour of rubbing the man began to revive somewhat, and soon muscular twitching commenced, when I gave him another granule morph. sulph. gr.  $\frac{1}{4}$ . I soon saw him easier, and left for a while. After I left, he had one more convulsion, after which the disease seemed to have abated, but the man was cold and exhausted. I ordered then bismuth subnit. 10 grs. every 3 hours, and brandy a teaspoonful every two hours. Difficulty of swallowing kept up for several days, and the man was unable to walk for a week, and such emaciation you could scarcely credit after a few hours' illness. When I left Chefoo he was fairly convalescent.

I find the physicians here all use Squibb's cholera mixture, and apparently with great success. It is:

R. Chloroformi puris.

Tinct. opii.

Tinct. capsici,

aa

f.  $\frac{3}{4}$ j.

Alcohol, adde q. s. ft.

f.  $\frac{3}{4}$ viii.

Dose, a teaspoonful in wineglass of water every half hour as long as necessary.

And all believe firmly in mustard to the abdomen.

I thought, in view of the possibility of a visitation in America, and the interest felt in the subject generally, these notes might be of interest. About ten deaths from cholera a day has been the rule all through August in Chefoo, where I was stopping, but it was confined entirely to the Chinese.

ROBERT COLTMAN, JR., M. D.

## NEWS AND MISCELLANY.

### Mission Hospital, Hangchow.

The Edinburgh Medical Missionary Society's quarterly paper states that the Mission Hospital in Hangchow was opened by the bishop on May 14, 200 Chinese and a number of English and American missionaries being present. The Mandarins, from the Governor downwards, subscribed liberally towards the building, and Dr. Main, who is in charge of the medical mission, is to be congratulated on having won the confidence of the highest classes of Chinese by his medical skill and devotion to his work. From a Chinese sketch which has been received, the hospital seems a beautiful and commodious building, situated in a garden, and surrounded with spacious verandahs. The foreground of the picture is filled in with a procession of old and young, halt, lame, blind, and otherwise afflicted persons, some carried on the backs of men, others in chairs and basket stretchers, others helping themselves along with the aid of crutches, and all wending their way to seek relief from the foreign physician. The hospital is a two-storied building with two wings, and a high central cupola, intended to contain a four-dial clock, which will be visible on all sides throughout the greater part of the city. There are four large wards, with twelve beds in each, besides six private wards, and two guest-rooms where foreign patients can be accommodated. There are also consulting and operating rooms, a large dispensary, students' rooms, and a lecture-room for the students, of whom already the doctor has thirteen. There is also a chapel, seated for about a hundred, in which services are held every morning and evening, while at the outer gate a reading-room for the public is open all day. One of the large wards is appropriated to opium patients, and was filled the first day it was open; and another large isolated ward is for female patients, to whom Mrs. Main devotes much time and care. There is every provision made for cleanliness and ventilation throughout the building.

### The Milk Supply of Cities.

The *American Agriculturist* for January says:

The business is profitable enough to warrant the greatest care and the strictest integrity. A one hundred acre farm in Orange and other counties will sustain thirty cows, and yield two thousand five hundred dollars in milk product. It will produce most if not all of the food the herd requires. The increase is a source of profit, and the household can procure most of the agricultural products for its own use from the land not devoted to pasturage. These statements are rather below the reality, and they make less excusable the custom of forcing a milk supply, by an excessive or harmful use of deleterious food. But the milk-producers may, as a rule, be credited with carefulness and cleanliness in the preparation of milk for the market. Cans are bright and sweet, and cold spring water or ice is freely used to keep the milk cool and marketable, and to give the city customer a safe and healthful beverage. In no product does the country come so close to the town as in this matter of the supply of milk. The producer has the consumer at his mercy, and it is the serene trust of the latter in the honesty of the former upon which so much of the comfort of his life depends. This dependence grows with every year. In the year 1800 there were four inhabitants in cities to every one hundred of our population; in 1850 the proportion was twelve and a half to one hundred; in 1880 it was twenty-two and a half; in 1890 it will be at least one-fourth. And this immense aggregate must trust implicitly to the honesty of a small fraction of the agricultural population for the good qualities of one of the most essential articles of consumption. We see no reason to doubt that mutual confidence will be as worthily bestowed then as it is now.

### Boylston Medical Prize Questions.

At the annual meeting of the committee for 1885, it was voted that a prize of two hundred dollars be awarded to Edward S. Stevens, M. D., of Harveysburg, Ohio, for a dissertation on "The Best Preliminary Education for the Study of Medicine."

The following are the questions proposed for 1886:

1. Influence of the Soil as a Factor in the Causation and Spread of Typhoid Fever.

The author of a dissertation on the above subject, considered worthy of a prize, will be entitled to a premium of three hundred and fifty dollars.

## 2. The Relation of Hospitals to Medical Education.

The author of a dissertation on the above subject, considered worthy of a prize, will be entitled to a premium of two hundred dollars.

Dissertations on the above subjects must be transmitted, post-paid, to Morrill Wyman, M. D., 24 Church street, Cambridge, Massachusetts, on or before the first Wednesday in April, 1886.

The following are the questions proposed for 1887:

1. On the Identification of Human Blood in Suspected Stains.

2. Original Investigations on the Pathology of So-called Uræmic Symptoms.

The author of a dissertation on either of the above subjects, considered worthy of a prize, will be entitled to a premium of two hundred dollars.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1887.

## The Pessimist Patient.

The *Popular Science News* says:

"Of all patients," says an English physician, "your pessimist makes the very worst. He is virtually dead before he is half sick. I speak from experience: a pessimist is a happy man as long as the sun shines, and all is going well with him; but when clouds arise, and illness comes, then there settles over both his body and mind a gloom that is but the foreshadowing of darkness to follow. A medical man may do his best for such an individual, but it is usually a thankless task. It is a wearisome thing trying to lift a fallen man who will not do a little towards helping himself.

"A good simile as regards the effects of pessimism and optimism on a physician's patients may be adduced from the different conduct of a beaten and demoralized, and a victorious, army. The former—so field-surgeons tell us—have no heart, their broken bones will not unite, their wounds take on no kindly action; the sick succumb, they die like rotten sheep; and even those who are well, in very fear grow weak and ailing. How different in the army triumphant! Wounds are called 'scratches;' the men can hardly be prevailed upon to go on the sick-list for them. Those who must keep still, feel less pain than they would under other circumstances; they sleep well, they eat well, and are soon well altogether. But the pessimist makes a bad soldier when at his best."

## The Danger of Vaccination Shields.

We are glad to call attention to the warning that is issued by the *Lancet*. It seems that in his capacity as medical officer to the Local Government Board, Dr. Buchanan has issued a caution against the use of vaccination shields. Cases of erysipelas have been traced to their use, and, having regard to their construction, it is by no means difficult to understand why such results have followed. That portion of the framework of the shield which rests on the arm, as also the bands for fastening the apparatus on, are covered with or consist of porous material, such as lint, etc.; and whenever any discharge takes place, this material runs almost certain risk of being soiled. Any subsequent use of the shield practically amounts to the use of a dirty surgical dressing, and it is well known how serious a danger this is, even to the most trivial of surgical cases. Protection for a vaccinated arm is rarely wanted in the case of an infant, for the arm can easily be altogether taken out of the clothing, care being taken to wrap the child up warmly in some loose shawl or other similar article, which is free from irritative dye. Having regard to these considerations, vaccinators are urged to discourage the use of so-called "vaccination shields," and to advise some other means of preventing irritation by means of clothing, where this may be necessary.

## Edinburgh Students and the Academic Robe.

In some of the Scottish Universities, the students still wear an academic costume; for many years, however, the custom has not obtained in Edinburgh. Recently, however, the subject has been the matter of some keen discussion among many of the students; and the Students' Representative Council being appealed to on the subject, undertook, by means of a *plebiscite*, to ascertain the views of the student community. The results are now to hand; but, as we are only concerned with the faculty of medicine, we need only note that, of medical students, 601 voted for both cap and gown, 355 for neither, 46 for cap only, and 5 for gown only. Considering the large number who have not voted at all, and the considerable number opposed to the adoption of the costume, the question can scarcely be looked upon as decisively settled.

—When did Adam first use a walking-stick? When 'Eve presented him with a little Cain.

### The Shortest Interval Between Confinements.

Dr. L. N. Davis, of Indiana, writes us:

"Dr. I. N. Trent reported last year to the Randolph County (Ind.) Medical Society the case of a lady, whom he had waited on twice in confinement at full term, within a period of nine and a half months. The first time she was delivered of twins, with forceps; the second, of a healthy boy without assistance. During the first labor she had convulsions, with albuminuria, the albumen continuing five months thereafter. Is this not the shortest interval between confinements on record?"

### Personal.

Dr. Goodman has removed to No. 1509 Walnut street.

### Items.

—Job was the first doctor—he had patience.

—Gray's Anatomy has been translated into Chinese.

—The grandest performance out—Niagara in her great cataract.

—A Bureau of Public Health, on the plan of those existing in Germany, has just been instituted in Tokio. The Director is Prof. Ogata, who has studied for several years in Munich, Leipzig, and Berlin, especially in the laboratories of Pettenkofer and Koch.

—At a recent meeting of the Medical Society, at Vienna, Dr. Kaposi showed a little girl attacked by pigmentary xeroderma, a very rare disease, which he described for the first time in 1870. It is observed in children of one year old, and at the beginning of their second year.

—A Catholic University has been established in Cordova, Spain, with all arrangements for the highest class of instruction. The medical faculty comprises the following professors: Physics, Don G. de Codes; Chemistry, Don A. Carbonelli; Physiology, Don M. Gonzales; Surgery and Ophthalmology, Don R. del Castillo; Medicine, Don R. Anchelerga; Obstetrics and Gynecology, Don E. Luna; and others.

—M. Paul Gibier, in a letter to the Académie de Médecine, acknowledging the honor of a reward conferred on him for his researches on hydrophobia, adds that when, in Berlin, he applied at the Veterinary School to have a mad dog, in order to pursue his researches, he was told there had not been a case of rabies for the last three years. Never-

theless, dogs are as numerous in the streets of Berlin as elsewhere, only they are all muzzled.

—The Eighth Chamber of the Paris Tribunal have tried M. Duchesne, dentist, for homicide by imprudence. He was found guilty of causing the death of M. Lajeune by the administration, without legal authority, of nitrous oxide gas, and was ordered to pay a fine of 600 francs, and 3,000 francs damages. The judgment took note of the fact that, although the business of the deceased had suffered by his death, his family had obtained immediate payment of a substantial sum, the amount of an insurance upon his life.

—Following the example of Mr. Joseph Zachnsdorf, who lately bound two Elzevir editions in human skin, another London binder has recently executed an order to encase a copy of Holbein's "Dance of Death" in the same material—assuredly a most appropriate covering for this work. These are the most recent instances of the use of the human skin for such a purpose; but they are far from unique, several criminals in olden days having been, after execution, despoiled of their integument in order that the bookshelves of some *connoisseur* of bindings might be enriched by the ghastly relic.

—Several cases of very small infants, born at or about full term, have recently been recorded in the *Brit. Med. Jour.* The late Dr. Grey collected no fewer than 20,000 observations of the weights of infants at birth, and the lowest he found recorded was 2 lbs. 6 ozs. The infant mentioned by Mr. Jebb Smith weighed 2 lbs. 8 ozs. There is now, in the East London Hospital for Children, Shadwell, an infant which, on the sixteenth day after birth, weighed only 2 lbs. 10 ozs.; the weight at birth was 1 lb. 10 ozs. Birth is believed to have been only slightly premature. The nails of the hands are well formed, there is an abundant crop of hair on the head, and the child takes a mixture containing barley, water, and milk (one-fifth) freely, without any intestinal disturbances.

### QUERIES AND REPLIES.

MESSES. EDITORS:

Will you kindly tell in the REPORTER notes how ethylate of sodium is used for nævus? Is it used in solution or dry?  
J. D. K.

### MARRIAGE.

HILL—BROWN.—December 31, 1885, at the residence of the bride's father, near Waterford, Knox county, Ohio, by Rev. Wm. M. Ferguson, Dr. C. Corlet Hill and Miss C. Lillie Brown, both of the above place.